



**UTAH
HOSPITAL
DISCHARGE
DATABASE**

**2006
PUBLIC-USE DATA FILE**

USER'S MANUAL

**Version I
August 2007**

**UTAH HEALTH DATA COMMITTEE
OFFICE OF HEALTH CARE STATISTICS
UTAH DEPARTMENT OF HEALTH**

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INTRODUCTION

Health Data Committee

The Health Data Committee, composed of 13 governor-appointed members, was created through the Utah Health Data Authority Act of 1991. The Committee is staffed by the Office of Health Care Statistics, which manages the Utah Hospital Discharge Database.

Utah Hospital Discharge Database (UHDD)

Administrative Rule R428 became effective in December 1991, and mandates that all Utah licensed hospitals, both general acute care and specialty, shall report information on inpatient discharges, beginning on January 1, 1992. UHDD contains the consolidated information on complete billing, medical codes, and personal characteristics describing a patient, the services received, and charges billed for each inpatient hospital stay. Fifty three Utah hospitals submitted data in 2006, including four psychiatric facilities, six specialty hospitals, and the Veterans Administration Medical Center. Shriners Hospital, a charity hospital, is exempt from reporting requirements. Healthsouth Rehabilitation Hospital of Utah, Milford Valley Memorial Hospital and South Davis Community Hospital are not included in the 2006 data because we lost the ability to process paper UB92 records. If this problem is resolved in the near future we may re-release this year with these records added. Otherwise this problem should be resolved for future years of data. For the 2006 data, APR-DRG versions 20.0 and 24.0 (4th Quarter only) were used.

Public-Use Data Files (PDF)

UHDD Public-Use Data Files are designed to provide general health care information to a wide spectrum of users with minimal controls. A request for a PDF can be approved by the Director of the Health Care Statistics without further review. **A current Public-Use Data File User Agreement needs to be signed by anyone seeking to purchase the data prior to the release of the PDF.**

Two different public data files are released for 2006 hospital discharge data (see pages 6 through 8 for data elements and file descriptions).

Data Processing and Quality

Data submission: The Health Data Plan provides data element definitions to ensure all hospitals will report similar data. The Office of Health Care Statistics receives discharge data quarterly from hospitals in various formats and media. The data are converted into a standardized format.

System Edits: The data are validated through a process of automated editing and report verification. Each record is subjected to a series of edits that check for accuracy, consistency, completeness, and conformity with the definitions specified in the Data Submittal Manual. Records failing the edit check are returned to the data supplier for correction or comment.

Hospital Reviews: Each hospital is provided with a 35 day review period to validate the Committee's data against their hospital records. Any inconsistencies discovered by the hospitals are reevaluated or corrected.

Missing Values: When dealing with unknown values, it is important to distinguish between systematic omission by hospital (e.g., for hospitals that were granted reporting exemption for particular data elements or which had coding problems that deemed the entire data from the hospital unusable), and non-systematic omission (e.g., coding problems, invalid codes, etc.). While systematic omission creates potential bias, non-systematic omission is assumed to occur randomly. The user is advised to examine missing values by hospital for each data element to be used.

Patient Confidentiality

The Committee has taken considerable efforts to ensure that no individual patient could be identified from the PDF. Patient's age, physician's specialty, and payers are grouped. Several data elements are encrypted under specific conditions: (1) Utah zip and non-Utah zip codes with less than 30 discharges in a calendar year are coded at the county or state level respectively, (2) age, sex, and zip code are encrypted if the discharge involves Major Diagnosis Code (MDC) "25-Human Immunodeficiency Virus Infection" or Diagnosis Related Groups (DRG) "433, 521-523 - Alcohol/Drug Abuse or Dependence", and (3) physician specialty for 7 rural hospitals with less than 30 beds which are Bear River Valley Hospital, Central Valley Medical Center, Delta Community Medical Center, Fillmore Community Medical Center, Garfield Memorial Hospital, Gunnison Valley Hospital, and Sanpete Valley Hospital.

Agreement to Protect Patient Confidentiality:

The data collected by the Health Data Committee may be used only for the purpose of health statistical reporting and analysis or specified in the user's written request for the data; any effort to determine the identity of any reported cases is prohibited. No one will attempt to link this data set with individually identifiable records from any other data sets.

Uses of Hospital Data:

The PDF includes data on charges and length of stay. Several factors, such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status, affect the comparability of charge and LOS across hospitals. Any analysis of charge or LOS at the hospital level should consider the above factors. The Health Data Committee calculates case-mix index and APR-DRG resource intensity index for each of the hospitals in the data base and utilizes the indices in analysis. Those indices, their methodology and a profile of Utah hospitals are appended at the end of the manual for users' reference (see Appendix A, B, and C).

Data Format:

Standard format for the public data file is fixed ASCII format, on a CD-Rom. Alternate Dbase IV and Comma Separated formats for import into relational database are also supplied. Requests for other formats, such as a SAS dataset, will be considered.

Citation:

Any statistical reporting or analysis based on the data shall cite the source as the following:

Utah Hospital Inpatient Discharge Data File (2006). Utah Health Data Committee/Office of Health Care Statistics, Utah Department of Health, Salt Lake City, Utah, 2007.

DRG and APR-DRG Classification:

The DRG and APR-DRG fields in the data were generated using:

3M Core Grouping Software for Windows (Version 5.3.2). Wallingford CT, 3M Health Information Systems, October 2006.

Specifically, for the APR-DRG, and for the 2006 data, the Core Grouping Software executed the following module:

APR-DRG Grouper (Versions 20.0 & 24.0), Wallingford CT, 3M Health Information Systems, April 2003 & October 2006.

The DRG is the HCFA defined DRG. For the 2006 data, the Core Grouping Software generated this using the following modules:

CMS Grouper (Versions 23.0 & 24.0), Wallingford CT, 3M Information Systems, October 2005 & October 2006.

Redistribution:

The user shall not redistribute the Utah Hospital Inpatient Discharge Data File in its original format. The user shall not redistribute any data products derived from the file without written permission from the Office of Health Care Statistics, Utah Department of Health.

FILE LAYOUT

RECORD LAYOUT OF PUBLIC USE DATA FILE I (2006.1)

	FIELD NAME	CLASS	WIDTH	POSITION		VALID VALUES	Pg No.
				From	To		
1	Provider Identifier (Hospital)	A	3	1	3	101-145, 201-209,301-310,801	10
2	Patient's age (in 5-yr. group)	N	3	4	6	0 - 21, 66,99	11
3	Patient's gender	A	1	7	7	M, F, U, E	11
4	Type of admission	A	1	8	8	1 - 5, 9	12
5	Source of admission						
	Non-newborns	A	1	9	9	0 - 9,A-D	12
	Newborns	A	1	10	10	0 - 4, 9	13
6	Length of stay	N	8	11	18	Days	13
7	Patient's discharge status	A	2	19	20	01-08, 20,40-43,50-51,61-65,71-72	13
8	Patient's postal zip code	A	5	21	25	84000-84799, -4444, -5555, -6666, -8888, -9999, AZ..WV	14
9	Patient's residential county	N	3	26	28	1 - 29, 44, 55, 77, 88, 99	16
10	Patient 's cross-county migrant status	A	1	29	29	Y, N, U	18
11	Patient's marital status	A	1	30	30	S, M, X, D, P, W, U	18
12	Patient's race and ethnicity	A	2	31	32	W, WH, NW, NH, UK	18
13	Principal diagnosis code	A	5	33	37	xxxxx	18
14	Secondary diagnosis code 1	A	5	38	42	xxxxx	18
15	Secondary diagnosis code 2	A	5	43	47	xxxxx	18
16	Secondary diagnosis code 3	A	5	48	52	xxxxx	18
17	Secondary diagnosis code 4	A	5	53	57	xxxxx	18
18	Principal procedure	A	4	58	61	xxxx	18
19	Secondary procedure 1	A	4	62	65	xxxx	18
20	Secondary procedure 2	A	4	66	69	xxxx	18
21	DRG	N	3	70	72	1 - 579	19
22	MDC	N	3	73	75	1-25, 0	30
23	Total charge	N	10	76	85	12345678.00	30
24	Facility charge	N	10	86	95	12345678.00	30
25	Professional charge	N	10	96	105	12345678.00	31
26	Admitting physician specialty	A	7	106	112	Specialty codes	31
27	Attending physician specialty	A	7	113	119	Specialty codes	34
28	Other consultant physician specialty	A	7	120	126	Specialty codes	34
29	Surgeon's specialty	A	7	127	133	Specialty codes	34
30	Primary payer category	A	2	134	135	1 - 10,13,99	34
31	Secondary payer category	A	2	136	137	1 - 10,13,99	34

A=Alphanumeric characters N=All numeric characters

RECORD LAYOUT OF PUBLIC USE DATA FILE I (2006.1) con't

	FIELD NAME	CLASS	WIDTH	POSITION		VALID VALUES	Page No.
				From	To		
32	Tertiary payer category	A	2	138	139	1 - 10,13,99	34
33	Patient's relationship to 1st insured	N	3	140	142	1 - 20	35
34	Outlier, total charge	N	3	143	145	1,0	36
35	Outlier, length of stay	N	3	146	148	1,0	36
36	APR-DRG	N	3	149	151	1-956	37
37	Patient Severity Subclass Value	A	1	152	152	0-4	36
38	Discharge Quarter	A	1	153	153	1-4	36
39	Record ID number	N	8	154	161	12345678	35
40	Secondary Diagnosis Code 5	A	5	162	166	xxxxx	18
41	Secondary Diagnosis Code 6	A	5	167	171	xxxxx	18
42	Secondary Diagnosis Code 7	A	5	172	176	xxxxx	18
43	Secondary Diagnosis Code 8	A	5	177	181	xxxxx	18
44	Secondary Procedure Code 3	A	4	182	185	xxxx	18
45	Secondary Procedure Code 4	A	4	186	189	xxxx	18
46	Secondary Procedure Code 5	A	4	190	193	xxxx	18
47	E-Code	A	5	194	198	Exxxx	37
48	Patient Risk of Mortality Value	A	1	199	199	0-4	36

A=Alphanumeric characters N=All numeric characters

RECORD LAYOUT OF PUBLIC USE DATA FILE III (2006.3)

	FIELD NAME	CLASS	WIDTH	POSITION		VALID VALUES	Page No.
				From	To		
1	Provider Identifier (Hospital)	A	3	1	- 3	101-145, 201-209,301-310,801	10
2	Patient's age (in 5-yr. group)	N	3	4	- 6	0 - 21, 66,99	11
3	Patient's gender	A	1	7	- 7	M, F, U, E	11
4	Length of stay	N	8	11	- 18	Days	13
5	Patient's discharge status	A	2	19	- 20	01-08, 20,40-43,50-51,61-65,71-72	13
6	Patient's residential county	N	3	26	- 28	1 - 29, 44, 55, 77, 88, 99	16
7	Principal diagnosis code	A	5	33	- 37	xxxxx	18
8	Principal procedure	A	4	58	- 61	xxxx	20
9	Secondary procedure 1	A	4	62	- 65	xxxx	18
10	Secondary procedure 2	A	4	66	- 69	xxxx	18
11	DRG	N	3	70	- 72	1 - 579	19
12	MDC	N	3	73	- 75	1-25, 0	30
13	Total charge	N	10	76	- 85	12345678.00	30
14	Facility charge	N	10	86	- 95	12345678.00	30
15	Professional charge	N	10	96	- 105	12345678.00	31
16	Primary payer category	A	2	134	- 135	1 - 10,13,99	34
17	Record ID number	N	8	154	- 161	12345678	35
A=Alphanumeric characters N=All numeric characters							

DESCRIPTION OF DATA ELEMENTS

Provider Identifier: (see Appendix C for hospital characteristics)

Hospital from which patient was discharged.

101 = BEAVER VALLEY HOSPITAL
102 = MILFORD VALLEY MEMORIAL HOSPITAL - CAH (No data in 2006^)
103 = BRIGHAM CITY COMMUNITY HOSPITAL
104 = BEAR RIVER VALLEY HOSPITAL
105 = LOGAN REGIONAL HOSPITAL
106 = CASTLEVIEW HOSPITAL
107 = LAKEVIEW HOSPITAL
108 = DAVIS HOSPITAL & MEDICAL CENTER
109 = UINTAH BASIN MEDICAL CENTER
110 = GARFIELD MEMORIAL HOSPITAL
111 = ALLEN MEMORIAL HOSPITAL - CAH
112 = VALLEY VIEW MEDICAL CENTER
113 = CENTRAL VALLEY MEDICAL CENTER - CAH
114 = KANE COUNTY HOSPITAL
115 = FILLMORE COMMUNITY MEDICAL CENTER - CAH
116 = DELTA COMMUNITY MEDICAL CENTER - CAH
117 = JORDAN VALLEY HOSPITAL
118 = ALTA VIEW HOSPITAL
119 = COTTONWOOD HOSPITAL
120 = SALT LAKE REGIONAL MEDICAL CENTER
121 = LDS HOSPITAL
122 = PRIMARY CHILDREN'S MEDICAL CENTER
124 = ST. MARK'S HOSPITAL
125 = UNIVERSITY HEALTH CARE (UHC)/UNIVERSITY OF UTAH HOSPITAL
126 = PIONEER VALLEY HOSPITAL
127 = MONUMENT VALLEY ADVENTIST HOSPITAL(Closed--data through 4th
Qtr 1995)
128 = SAN JUAN HOSPITAL - CAH
129 = GUNNISON VALLEY HOSPITAL - CAH
130 = SANPETE VALLEY HOSPITAL - CAH
132 = SEVIER VALLEY MEDICAL CENTER
133 = MOUNTAIN WEST MEDICAL CENTER
134 = ASHLEY VALLEY MEDICAL CENTER
135 = OREM COMMUNITY HOSPITAL
136 = AMERICAN FORK HOSPITAL
137 = MOUNTAIN VIEW HOSPITAL
138 = UTAH VALLEY REGIONAL MEDICAL CENTER
139 = HEBER VALLEY MEDICAL CENTER - CAH
140 = DIXIE REGIONAL MEDICAL CENTER
141 = MCKAY-DEE HOSPITAL CENTER
142 = OGDEN REGIONAL MEDICAL CENTER
143 = ROCKY MOUNTAIN HOSPITAL(Closed--Data through 2nd Qtr 2001)
144 = TIMPANOGOS REGIONAL HOSPITAL

145 = CACHE VALLEY SPECIALTY HOSPITAL
 201 = BENCHMARK BEHAVIORAL HEALTH SYSTEMS
 202 = CHARTER SUMMIT HOSPITAL (Closed--data through 3rd Qtr 1993)
 203 = SILVERADO SENIOR LIVING
 204 = COPPER HILLS YOUTH CENTER (No longer licensed as a hospital--
 data through 4th Qtr 2001)
 205 = WASATCH CANYONS HOSPITAL (Closed--data through 3rd Qtr. 1995)
 206 = UNIVERSITY OF UTAH NEUROPSYCHIATRIC INSTITUTE
 207 = BENCHMARK SOUTH REGIONAL HOSPITAL(Closed--data through 4th Qtr
 1998)
 209 = UTAH STATE HOSPITAL (Now exempt from reporting--data through
 4th Qtr 1995)
 301 = SOUTH DAVIS COMMUNITY HOSPITAL (No data in 2006^)
 302 = HIGHLAND RIDGE HOSPITAL
 304 = BONNEVILLE HEALTH & REHABILITATION CENTER(Closed--data
 through 4th Qtr 2000)
 305 = SHRINERS HOSPITAL (No data--exempt from reporting)
 306 = HEALTHSOUTH REHABILITATION HOSPITAL (No data in 2006^)
 307 = THE ORTHOPEDIC SPECIALTY HOSPITAL
 308 = PROMISE SPECIALTY HOSPITAL OF SALT LAKE
 309 = UHC/UNIVERSITY OF UTAH ORTHOPEDIC CENTER
 310 = UHC/UNIVERSITY OF UTAH HUNTSMAN CANCER INSTITUTE
 801 = VETERANS ADMINISTRATION MEDICAL CENTER
 803 = USAF HOSPITAL HILL/SGA (No data--exempt from reporting)

CAH = Critical Access Hospital

^See note on page 2.

Patient's Age (as of last birthday) at the Date of Discharge

0 = 1-28 days
 1 = 29-365 days
 2 = 1 - 4
 3 = 5 - 9
 4 = 10 - 14
 5 = 15 - 17
 6 = 18 - 19
 7 = 20 - 24
 8 = 25 - 29
 9 = 30 - 34
 10 = 35 - 39
 11 = 40 - 44
 12 = 45 - 49
 13 = 50 - 54
 14 = 55 - 59
 15 = 60 - 64
 16 = 65 - 69
 17 = 70 - 74
 18 = 75 - 79
 19 = 80 - 84

20 = 85 - 89
21 = 90 +
66 = Encrypted (confidential data)
99 = Unknown
Blank = Not reported

Patient's Gender

M = Male
F = Female
U = Unknown
E = Encrypted (confidential data)
Blank = Not reported

Type of Admission

1 = Emergency
2 = Urgent
3 = Elective
4 = Newborn
5 = Trauma Center
9 = Unknown
Blank = Not reported

Source of Admission for Non-Newborns

- 0 = Newborns
- 1 = Physician Referral
The patient was admitted to this facility upon the recommendation of his or her personal physician.
(See code 3 if the physician has an HMO affiliation.)
- 2 = Clinic Referral
The patient was admitted to this facility upon recommendation of this facility's clinic physician.
- 3 = HMO referral
The patient was admitted to this facility upon the recommendation of a health maintenance organization (HMO) physician.
- 4 = Transfer from a hospital
The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.
- 5 = Transfer from a skilled nursing facility
The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.
- 6 = Transfer from another health care facility

The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or skilled nursing facility.

7 = Emergency room

The patient was admitted to this facility upon the recommendation of this facility's emergency room physician.

8 = Court/Law enforcement

The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.

9 = Information not available

The means by which the patient was admitted to this hospital is not known.

A = Transfer from a critical access hospital

B = Transfer from another HHA

C = Readmission to same HHA

D = Transfer from hospital inpatient in same facility

Blank = Not reported

FOR UTAH STATE HOSPITAL ONLY:

3 = Family Services Referral

Source of Admission for Newborns

0 = Non newborns

1 = Normal delivery

A baby delivered without complications.

2 = Premature delivery

A baby delivered with time or weight factors qualifying it for premature status.

3 = Sick baby

A baby delivered with medical complications, other than those relating to premature status.

4 = Extramural birth

A baby born in a non-sterile environment.

9 = Information not available.

Blank = Not reported

Length of Stay

Total days stayed in hospital from the date of admission to the date of discharge.

Blank = Not reported

Patient's Discharge Status

01 = Discharged to home or self care, routine discharge
02 = Discharged/transferred to another short-term general hospital
03 = Discharged/transferred to skilled nursing facility
04 = Discharged/transferred to an intermediate care facility
05 = Discharged/transferred to another type of institution
06 = Discharged/transferred to home under care of organized home health service organization
07 = Left against medical advice
08 = Discharged/transferred to home under care of a home IV provider
09 = Unknown
20 = Expired
40 = Expired at home
41 = Expired in a medical facility; i.e. hospital, skilled nursing facility, intermediate care facility, or free standing hospice
42 = Expired - place unknown
43 = Discharged/transferred to federal facility
50 = Discharged/transferred to hospice - home
51 = Discharged/transferred to hospice - medical facility
61 = Discharged/transferred within institution to hospital based Medicare swing bed
62 = Discharged/transferred to another rehab facility including distinct units in hospital
63 = Discharged/transferred to a long term care hospital
64 = Discharged/transferred to a nursing facility certified under medicaid but not certified under medicare
65 = Discharged/transferred to a psychiatric hospital or psychiatric unit of a hospital
66 = Discharged/transferred to a Critical Access Hospital
71 = Discharged/transferred/referred to another institution for outpatient (as per plan of care)
72 = Discharged/transferred to this institution for outpatient services(as per plan of care)
Blank = Not reported

Patient's Residential Zip Code

84000-84799 = Zip codes in Utah
-4444=Homeless (word homeless or homeless code of ZZZZZ given as address)
-5555=Unknown Utah(Unknown/invalid zip code with Utah address)
(Note: If the city is present in the address but the zip code is not,

the zip code variable is coded as -5555 while the county variable is coded with the actual county identifier)
-6666=Encrypted (confidential data)
-8888=Unknown (completely missing address information)
-9999=Outside U.S.A. (foreign address)

If less than 30 discharges occurred for a Utah zip code area, this zip code was mapped into the county code:

Beave = Beaver
BoxEl = Box Elder
Cache = Cache
Carbo = Carbon
Dagge = Daggett
Davis = Davis
Duche = Duchesne
Emery = Emery
Garfi = Garfield
Iron = Iron
Milla = Millard
Morga = Morgan
Piute = Piute
Rich = Rich
SaltL = Salt Lake
SanJu = San Juan
Sanpe = Sanpete
Sevie = Sevier
Summi = Summit
Tooel = Tooele
Uinta = Uintah
Washi = Washington
Wayne = Wayne
Weber = Weber

A quick way to identify the city associated with a zip code is to use the United States Postal Service website:

http://www.usps.gov/ncsc/lookups/lookup_ctystzip.html

If less than 30 discharges occurred for a non Utah zip code area, this zip code was mapped into the state code:

AL = ALABAMA
AK = ALASKA
AZ = ARIZONA
AR = ARKANSAS
CA = CALIFORNIA
CO = COLORADO
CT = CONNECTICUT
DE = DELAWARE
DC = DISTRICT OF COLUMBIA
FL = FLORIDA
GA = GEORGIA
HI = HAWAII

ID = IDAHO
IL = ILLINOIS
IN = INDIANA
IA = IOWA
KS = KANSAS
KY = KENTUCKY
LA = LOUISIANA
ME = MAINE
MD = MARYLAND
MA = MASSACHUSETTS
MI = MICHIGAN
MN = MINNESOTA
MS = MISSISSIPPI
MO = MISSOURI
MT = MONTANA
NE = NEBRASKA
NV = NEVADA
NH = NEW HAMPSHIRE
NJ = NEW JERSEY
NM = NEW MEXICO
NY = NEW YORK
NC = NORTH CAROLINA
ND = NORTH DAKOTA
OH = OHIO
OK = OKLAHOMA
OR = OREGON
PA = PENNSYLVANIA
RI = RHODE ISLAND
SC = SOUTH CAROLINA
SD = SOUTH DAKOTA
TN = TENNESSEE
TX = TEXAS
UT = UTAH
VT = VERMONT
VA = VIRGINIA
WA = WASHINGTON
WV = WEST VIRGINIA
WI = WISCONSIN
WY = WYOMING
PR = PUERTO RICO
GU = GUAM

Patient's Residential County

- 1= Box Elder
- 2= Cache
- 3= Rich
- 4= Morgan
- 5= Weber
- 6= Davis
- 7= Salt Lake
- 8= Summit
- 9= Tooele
- 10= Utah
- 11= Wasatch
- 12= Daggett
- 13= Duchesne
- 14= Uintah
- 15= Juab
- 16= Millard
- 18= Sanpete
- 17= Piute
- 19= Sevier
- 20= Wayne
- 21= Carbon
- 22= Emery
- 23= Grand
- 24= San Juan
- 25= Beaver
- 26= Garfield
- 27= Iron
- 28= Kane
- 29= Washington
- 30= Multi-County (used in earlier versions of dataset, the category has been eliminated)
- 44= Homeless (word 'homeless' or homeless code of ZZZZZ given as address)
- 55= Unknown Utah (unknown city & zip but 'Utah' in address)
- 77= Outside Utah (but in U.S.A.)
- 88= Unknown (completely missing address information)
- 99= Outside U.S.A. (foreign address)

Suggested Division of Local Areas:

Definition	County Code (see above)
1. Urban vs. Rural	
Urban Areas	5,6,7,10
Rural Areas	1-4, 8-9, 11-29
Excluding	30,44,55,77,88,99
2. Wasatch Front Area	
Yes	5,6,7,10
No	1-4, 8-9, 11-29
Excluding	30,44,55,77,88,99
3. Local Health Districts	
Bear River	1-3
Weber-Morgan	4-5
Davis County	6
Salt Lake County	7
Summit County	8
Tooele County	9
Utah County	10
Wasatch County	11
Uintah Basin	12-14
Central Utah	15-20
Southeastern Utah	21-24
Southwest Utah	25-29

Patient's Cross-County Migrant Status (hospital in different county than patient residence)

Y = Yes (includes out-of-state, foreign, out-of-county, homeless)

N = No (from same county)

U = Unknown (includes unknown and unknown but Utah residence)

Patient's Marital Status

S = Single
M = Married
X = Legally Separated
D = Divorced
W = Widowed
P = Life Partner
U = Unknown
Blank = Not reported

Patient's Race and Ethnicity

W = White, non Hispanic origin
WH = White, Hispanic origin
NW = Non-white, Hispanic origin
NH = Non-white, non Hispanic origin
UK = Unknown
Blank = Not reported

Principal Diagnosis Code

ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

The ICD-9-CM diagnosis codes can be looked up on the internet at Yaki Technologies' website "www.eicd.com/eicdmain.htm".

Secondary Diagnosis Code 1 through Secondary Diagnosis Code 8

Definition and category are the same as Principal Diagnosis Code

V-codes and secondary E-codes are also placed in these Secondary Diagnosis Code fields (both can be looked up at "www.eicd.com/eicdmain.htm").

Principal Procedure Code

ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 2nd and 3rd digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

Secondary Procedure Code 1 through Secondary Procedure Code 5

Definition and category are the same as Principal Procedure Code

Diagnosis Related Group (DRG)

1* CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA (prior to 10-1-02)
1* CRANIOTOMY AGE >17 WITH COMPLICATIONS, COMORBIDITIES (beginning 10-1-02)
2* CRANIOTOMY FOR TRAUMA AGE >17 (prior to 10-1-02)
2* CRANIOTOMY AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES (beginning 10-1-02)
3 CRANIOTOMY AGE 0-17
4* SPINAL PROCEDURES (prior to 10-1-03; no DRG 4 beginning 10-1-03 when DRGs 531-532 were added)
5* EXTRACRANIAL VASCULAR PROCEDURES (prior to 10-1-03; no DRG 5 beginning 10-1-03 when DRGs 533-534 were added)
6 CARPAL TUNNEL RELEASE
7 PERIPHERAL & CRANIAL NERVE & OTHER NERVE SYSTEM PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
8 PERIPHERAL & CRANIAL NERVE & OTHER NERVE SYSTEM PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
9 SPINAL DISORDERS & INJURIES
10 NERVOUS SYSTEM NEOPLASMS WITH COMPLICATIONS, COMORBIDITIES
11 NERVOUS SYSTEM NEOPLASMS WITHOUT COMPLICATIONS, COMORBIDITIES
12 DEGENERATIVE NERVOUS SYSTEM DISORDERS
13 MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA
14* SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TRANSIENT ISCHEMIC ATTACK (prior to 10-1-02)
14* INTRA CRANIAL HEMORRHAGE AND STROKE WITH INFARCTION (beginning 10-1-02, used to 10-1-04)
14* INTRACRANIAL HEMORRHAGE & STROKE W/ INFARCTION (beginning 10-1-03)
14* INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION (beginning 10-1-04)
15* TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS (prior to 10-1-02)
15* NONSPECIFIC CEREBROVASCULAR AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION (beginning 10-1-02)
16 NONSPECIFIC CEREBROVASCULAR DISORDERS WITH COMPLICATIONS, COMORBIDITIES
17 NONSPECIFIC CEREBROVASCULAR DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
18 CRANIAL & PERIPHERAL NERVE DISORDERS WITH COMPLICATIONS, COMORBIDITIES
19 CRANIAL & PERIPHERAL NERVE DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
20* NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS (prior to 10-1-06)
21 VIRAL MENINGITIS
22 HYPERTENSIVE ENCEPHALOPATHY
23 NONTRAUMATIC STUPOR & COMA
24* SEIZURE & HEADACHE AGE >17 WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-06)
25* SEIZURE & HEADACHE AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES (prior to 10-1-06)
26 SEIZURE & HEADACHE AGE 0-17
27 TRAUMATIC STUPOR & COMA, COMA >1 HR
28 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 WITH COMPLICATIONS, COMORBIDITIES
29 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
30 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17
31 CONCUSSION AGE >17 WITH COMPLICATIONS, COMORBIDITIES
32 CONCUSSION AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
33 CONCUSSION AGE 0-17
34 OTHER DISORDERS OF NERVOUS SYSTEM WITH COMPLICATIONS, COMORBIDITIES
35 OTHER DISORDERS OF NERVOUS SYSTEM WITHOUT COMPLICATION, COMORBIDITIES
36 RETINAL PROCEDURES
37 ORBITAL PROCEDURES

Diagnosis Related Group (DRG)

38 PRIMARY IRIS PROCEDURES
39 LENS PROCEDURES WITH OR WITHOUT VITRECTOMY
40 EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17
41 EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17
42 INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS
43 HYPHEMA
44 ACUTE MAJOR EYE INFECTIONS
45 NEUROLOGICAL EYE DISORDERS
46 OTHER DISORDERS OF THE EYE AGE >17 WITH COMPLICATIONS, COMORBIDITIES
47 OTHER DISORDERS OF THE EYE AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
48 OTHER DISORDERS OF THE EYE AGE 0-17
49 MAJOR HEAD & NECK PROCEDURES
50 SIALOADENECTOMY
51 SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY
52 CLEFT LIP & PALATE REPAIR
53 SINUS & MASTOID PROCEDURES AGE >17
54 SINUS & MASTOID PROCEDURES AGE 0-17
55 MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES
56 RHINOPLASTY
57 TONSIL & ADENOID PROCEDURES, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,
AGE >17
58 TONSIL & ADENOID PROCEDURES, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,
AGE 0-17
59 TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
60 TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
61 MYRINGOTOMY WITH TUBE INSERTION AGE >17
62 MYRINGOTOMY WITH TUBE INSERTION AGE 0-17
63 OTHER EAR, NOSE, MOUTH & THROAT OPERATING ROOM PROCEDURES
64 EAR, NOSE, MOUTH & THROAT MALIGNANCY
65 DISEQUILIBRIUM
66 EPISTAXIS
67 EPIGLOTTITIS
68 OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
69 OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE > 17 WITHOUT
COMPLICATIONS, COMORBIDITIES
70 OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE 0-17
71 LARYNGOTRACHEITIS
72 NASAL TRAUMA & DEFORMITY
73 OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17
74 OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17
75 MAJOR CHEST PROCEDURES
76 OTHER RESPIRATORY SYSTEM OPERATING ROOM PROCEDURES WITH COMPLICATIONS,
COMORBIDITIES
77 OTHER RESPIRATORY SYSTEM OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS,
COMORBIDITIES
78 PULMONARY EMBOLISM
79 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
80 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
81 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17
82 RESPIRATORY NEOPLASMS
83 MAJOR CHEST TRAUMA WITH COMPLICATIONS, COMORBIDITIES

Diagnosis Related Group (DRG)

84 MAJOR CHEST TRAUMA WITHOUT COMPLICATIONS, COMORBIDITIES
85 PLEURAL EFFUSION WITH COMPLICATIONS, COMORBIDITIES
86 PLEURAL EFFUSION WITHOUT COMPLICATIONS, COMORBIDITIES
87 PULMONARY EDEMA & RESPIRATORY FAILURE
88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE
89 SIMPLE PNEUMONIA & PLEURISY AGE >17 WITH COMPLICATIONS, COMORBIDITIES
90 SIMPLE PNEUMONIA & PLEURISY AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
91 SIMPLE PNEUMONIA & PLEURISY AGE 0-17
92 INTERSTITIAL LUNG DISEASE WITH COMPLICATIONS, COMORBIDITIES
93 INTERSTITIAL LUNG DISEASE WITHOUT COMPLICATIONS, COMORBIDITIES
94 PNEUMOTHORAX WITH COMPLICATIONS, COMORBIDITIES
95 PNEUMOTHORAX WITHOUT COMPLICATIONS, COMORBIDITIES
96 BRONCHITIS & ASTHMA AGE >17 WITH COMPLICATIONS, COMORBIDITIES
97 BRONCHITIS & ASTHMA AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
98 BRONCHITIS & ASTHMA AGE 0-17
99 RESPIRATORY SIGNS & SYMPTOMS WITH COMPLICATIONS, COMORBIDITIES
100 RESPIRATORY SIGNS & SYMPTOMS WITHOUT COMPLICATIONS, COMORBIDITIES
101 OTHER RESPIRATORY SYSTEM DIAGNOSES WITH COMPLICATIONS, COMORBIDITIES
102 OTHER RESPIRATORY SYSTEM DIAGNOSES WITHOUT COMPLICATIONS, COMORBIDITIES
103* HEART TRANSPLANT (prior to 10-1-04)
103* HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM (beginning 10-1-04)
104* CARDIAC VALVE PROCEDURES WITH CARDIAC CATHETER (prior to 10-1-98)
104* CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETER
(beginning 10-1-98)
105* CARDIAC VALVE PROCEDURES WITHOUT CARDIAC CATHETER (prior to 10-1-98)
105* CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC WITHOUT CARDIAC CATHETER
(beginning 10-1-98)
106* CORONARY BYPASS WITH CARDIAC CATHETER (prior to 10-1-98)
106* CORONARY BYPASS WITH PTCA (beginning 10-1-98)
107* CORONARY BYPASS WITHOUT CARDIAC CATHETER (prior to 10-1-98)
107* CORONARY BYPASS WITH CARDIAC CATHETER (beginning 10-1-98; no DRG 107
beginning 10-1-05 when DRGs 547-548 were added)
108 OTHER CARDIOTHORACIC PROCEDURES
109* CORONARY BYPASS WITHOUT CARDIAC CATHETER (beginning 10-1-98; no DRG 109
beginning 10-1-05 when DRGs 549-550 were added)
110 MAJOR CARDIOVASCULAR PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
111 MAJOR CARDIOVASCULAR PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
112* PERCUTANEOUS CARDIOVASCULAR PROCEDURES (prior to 10-1-01; no DRG 112
beginning 10-1-01 when DRGs 516-518 were added)
113 AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE
114 UPPER LIMB & TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS
115* PERMANENT CARDIAC PACEMAKER IMPLANT WITH ACUTE MYOCARDIAL INFARCTION, HEART
FAILURE OR SHOCK (prior to 10-1-97)
115* PERMANENT CARDIAC PACEMAKER IMPLANT WITH ACUTE MYOCARDIAL INFARCTION, HEART
FAILURE OR SHOCK, OR AICD LEAD OR GENERATOR PROC (beginning 10-1-97; no
DRG 115 beginning 10-1-05 when DRG 551 was added)
116* OTHER PERMANENT CARDIAC PACEMAKER IMPLANT OR AICD LEAD OR GENERATOR PROC
(prior to 10-1-97)
116* OTHER PERMANENT CARDIAC PACEMAKER IMPLANT OR PTCA WITH CORONARY ARTERY
STENT IMPLANT (between 10-1-97 and 10-1-01)
116* OTHER CARDIAC PACEMAKER IMPLANTATION (beginning 10-1-01; no DRG 116
beginning 10-1-05 when DRG 552 was added)
117 CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
118 CARDIAC PACEMAKER DEVICE REPLACEMENT
119 VEIN LIGATION & STRIPPING

Diagnosis Related Group (DRG)

120	OTHER CIRCULATORY SYSTEM OPERATING ROOM PROCEDURES
121*	CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION & CARDIOVASCULAR COMPLICATIONS, DISCHARGED ALIVE (prior to 10-1-97)
121*	CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION & MAJOR COMPLICATION, DISCHARGED ALIVE (beginning 10-1-97)
122*	CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION WITHOUT CARDIOVASCULAR COMPLICATION, DISCHARGED ALIVE (prior to 10-1-97)
122*	CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION WITHOUT MAJOR COMPLICATION, DISCHARGED ALIVE (beginning 10-1-97)
123	CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION, EXPIRED
124	CIRCULATORY DISORDERS EXCEPT ACUTE MYOCARDIAL INFARCTION, WITH CARDIAC CATHETER & COMPLEX DIAGNOSES
125	CIRCULATORY DISORDERS EXCEPT ACUTE MYOCARDIAL INFARCTION, WITH CARDIAC CATHETER WITHOUT COMPLEX DIAGNOSES
126	ACUTE & SUBACUTE ENDOCARDITIS
127	HEART FAILURE & SHOCK
128	DEEP VEIN THROMBOPHLEBITIS
129	CARDIAC ARREST, UNEXPLAINED
130	PERIPHERAL, VASCULAR DISORDERS WITH COMPLICATIONS, COMORBIDITIES
131	PERIPHERAL VASCULAR DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
132	ATHEROSCLEROSIS WITH COMPLICATIONS, COMORBIDITIES
133	ATHEROSCLEROSIS WITHOUT COMPLICATIONS, COMORBIDITIES
134	HYPERTENSION
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 WITH COMPLICATIONS, COMORBIDITIES
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITH COMPLICATIONS, COMORBIDITIES
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
140	ANGINA PECTORIS
141	SYNCOPE & COLLAPSE WITH COMPLICATIONS, COMORBIDITIES
142	SYNCOPE & COLLAPSE WITHOUT COMPLICATIONS, COMORBIDITIES
143	CHEST PAIN
144	OTHER CIRCULATORY SYSTEM DIAGNOSES WITH COMPLICATIONS, COMORBIDITIES
145	OTHER CIRCULATORY SYSTEM DIAGNOSES WITHOUT COMPLICATIONS, COMORBIDITIES
146	RECTAL RESECTION WITH COMPLICATIONS, COMORBIDITIES
147	RECTAL RESECTION WITHOUT COMPLICATIONS, COMORBIDITIES
148*	MAJOR SMALL & LARGE BOWEL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-06)
149	MAJOR SMALL & LARGE BOWEL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
150	PERITONEAL ADHESIOLYSIS WITH COMPLICATIONS, COMORBIDITIES
151	PERITONEAL ADHESIOLYSIS WITHOUT COMPLICATIONS, COMORBIDITIES
152	MINOR SMALL & LARGE BOWEL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
153	MINOR SMALL & LARGE BOWEL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
154*	STOMACH, ESOPHAGEAL, & DUODENAL PROCEDURES AGE >17 WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-06)
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17
157	ANAL & STOMAL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
158	ANAL & STOMAL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 WITH COMPLICATIONS, COMORBIDITIES

Diagnosis Related Group (DRG)

160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 WITH COMPLICATIONS, COMORBIDITIES
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
163	HERNIA PROCEDURES AGE 0-17
164	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITH COMPLICATIONS, COMORBIDITIES
165	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT COMPLICATIONS, COMORBIDITIES
166	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH COMPLICATIONS, COMORBIDITIES
167	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT COMPLICATIONS, COMORBIDITIES
168	MOUTH PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
169	MOUTH PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
170	OTHER DIGESTIVE SYSTEM OPERATING ROOM PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
171	OTHER DIGESTIVE SYSTEM OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
172	DIGESTIVE MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES
173	DIGESTIVE MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES
174	GASTROINTESTINAL HEMORRHAGE WITH COMPLICATIONS, COMORBIDITIES
175	GASTROINTESTINAL HEMORRHAGE WITHOUT COMPLICATIONS, COMORBIDITIES
176	COMPLICATED PEPTIC ULCER
177	UNCOMPLICATED PEPTIC ULCER WITH COMPLICATIONS, COMORBIDITIES
178	UNCOMPLICATED PEPTIC ULCER WITHOUT COMPLICATIONS, COMORBIDITIES
179	INFLAMMATORY BOWEL DISEASE
180	GASTROINTESTINAL OBSTRUCTION WITH COMPLICATIONS, COMORBIDITIES
181	GASTROINTESTINAL OBSTRUCTION WITHOUT COMPLICATIONS, COMORBIDITIES
182	ESOPHAGITIS, GASTROENTERITIS, & MISCELLANEOUS DIGESTIVE DISORDERS AGE >17 WITH COMPLICATIONS, COMORBIDITIES
183	ESOPHAGITIS, GASTROENTERITIS, & MISCELLANEOUS DIGESTIVE DISORDERS AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
184	ESOPHAGITIS, GASTROENTERITIS, & MISCELLANEOUS DIGESTIVE DISORDERS AGE 0-17
185	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS AGE >17
186	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17
187	DENTAL EXTRACTIONS & RESTORATIONS
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 WITH COMPLICATIONS, COMORBIDITIES
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
190	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17
191	PANCREAS, LIVER & SHUNT PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
192	PANCREAS, LIVER & SHUNT PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
193	BILIARY TACT PROCEDURES EXCEPT ONLY TOTAL CHOLECYST WITH OR WITHOUT COMMON DUCT EXPLORATION WITH COMPLICATIONS, COMORBIDITIES
194	BILIARY TRACT PROCEDURES EXCEPT ONLY TOTAL CHOLECYST WITH OR WITHOUT COMMON DUCT EXPLORATION WITHOUT COMPLICATIONS, COMORBIDITIES
195	CHOLECYSTECTOMY WITH COMMON DUCT EXPLORATION WITH COMPLICATIONS, COMORBIDITIES
196	CHOLECYSTECTOMY WITH COMMON DUCT EXPLORATION WITHOUT COMPLICATIONS, COMORBIDITIES
197	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORATION WITH COMPLICATIONS, COMORBIDITIES

Diagnosis Related Group (DRG)

198	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORATION WITHOUT COMPLICATIONS, COMORBIDITIES
199	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY
200	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY
201	OTHER HEPATOBIILIARY OR PANCREAS OPERATING ROOM PROCEDURES
202	CIRRHOSIS & ALCOHOLIC HEPATITIS
203	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY
205	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS, ALCOHOLIC HEPATITIS WITH COMPLICATIONS, COMORBIDITIES
206	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS, ALCOHOLIC HEPATITIS WITHOUT COMPLICATIONS, COMORBIDITIES
207	DISORDERS OF THE BILIARY TRACT WITH COMPLICATIONS, COMORBIDITIES
208	DISORDERS OF THE BILIARY TRACT WITHOUT COMPLICATIONS, COMORBIDITIES
209*	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY (no DRG 209 beginning 10-1-05 when DRGs 544-545 were added)
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 WITH COMPLICATIONS, COMORBIDITIES
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DISORDERS
214*	BACK & NECK PROCEDURES WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-97; no DRG 214 beginning 10-1-97 when DRGs 497-500 were added)
215*	BACK & NECK PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES (prior to 10-1-07; no DRG 215 beginning 10-1-97 when DRGs 497-500 were added)
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
217	WOUND DEBRIDEMENT & SKIN GRAFT EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DISORDERS AGE>17 WITH COMPLICATIONS, COMORBIDITIES
218	LOWER EXTREMITY & HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR AGE>17 COMPLICATIONS, COMORBIDITIES
219	LOWER EXTREMITY & HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR AGE>17 WITHOUT COMPLICATIONS, COMORBIDITIES
220	LOWER EXTREMITY & HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR AGE 0-17
221*	KNEE PROCEDURES WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-97; no DRG 221 beginning 10-1-97 when DRGs 501-503 were added)
222*	KNEE PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES (prior to 10-1-97; no DRG 222 beginning 10-1-97 when DRGs 501-503 were added)
223	MAJOR SHOULDER/ELBOW PROCEDURE, OR OTHER UPPER EXTREMITY PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
224	SHOULDER, ELBOW OR FOREARM PROCEDURE, EXCEPT MAJOR JOINT PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
225	FOOT PROCEDURES
226	SOFT TISSUE PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
227	SOFT TISSUE PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
228	MAJOR THUMB OR JOINT PROCEDURE, OR OTHER HAND OR WRIST PROCEDURE WITH COMPLICATIONS, COMORBIDITIES
229	HAND OR WRIST PROCEDURE, EXCEPT MAJOR JOINT PROCEDURE, WITHOUT COMPLICATIONS, COMORBIDITIES
230	LOCAL EXCISION & REMOVAL OF INTERNAL FIXATION DEVICES OF HIP & FEMUR
231*	LOCAL EXCISION & REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP & FEMUR (prior to 10-1-03; no DRG 231 beginning 10-1-03 and DRGs 537-538 were added)
232	ARTHROSCOPY
233	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE OPERATING ROOM PROCEDURES

Diagnosis Related Group (DRG)

	WITH COMPLICATIONS, COMORBIDITIES
234	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
235	FRACTURES OF FEMUR
236	FRACTURES OF HIP & PELVIS
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH
238	OSTEOMYELITIS
239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONNECTIVE TISSUE MALIGNANCY
240	CONNECTIVE TISSUE DISORDERS WITH COMPLICATIONS, COMORBIDITIES
241	CONNECTIVE TISSUE DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
242	SEPTIC ARTHRITIS
243	MEDICAL BACK PROBLEMS
244	BONE DISEASES & SPECIFIC ARTHROPATHIES WITH COMPLICATIONS, COMORBIDITIES
245	BONE DISEASES & SPECIFIC ARTHROPATHIES WITHOUT COMPLICATIONS, COMORBIDITIES
246	NON-SPECIFIC ARTHROPATHIES
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
248	TENDINITIS, MYOSITIS & BURSITIS
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
250	FRACTURE, SPRAIN, STRAIN, & DISLOCATION OF FOREARM, HAND, FOOT AGE >17 WITH COMPLICATIONS, COMORBIDITIES
251	FRACTURE, SPRAIN, STRAIN, & DISLOCATION OF FOREARM, HAND, FOOT AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
252	FRACTURE, SPRAIN, STRAIN & DISLOCATION OF FOREARM, HAND, FOOT AGE 0-17
253	FRACTURE, SPRAIN, STRAIN & DISLOCATION OF UPPER ARM, LOWER LEG EXCEPT FOOT AGE >17 WITH COMPLICATIONS, COMORBIDITIES
254	FRACTURE, SPRAIN, STRAIN & DISLOCATION OF UPPER ARM, LOWER LEG, EXCEPT FOOT AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
255	FRACTURE, SPRAIN, STRAIN, & DISLOCATION OF UPPER ARM, LOWER LEG EXCEPT FOOT AGE 0-17
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSIS
257	TOTAL MASTECTOMY FOR MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES
258	TOTAL MASTECTOMY FOR MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES
261	BREAST PROCEDURE FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
263	SKIN GRAFT &/OR DEBRIDEMENT FOR SKIN ULCER OR CELLULITIS WITH COMPLICATIONS, COMORBIDITIES
264	SKIN GRAFT &/OR DEBRIDEMENT FOR SKIN ULCER OR CELLULITIS WITHOUT COMPLICATIONS, COMORBIDITIES
265	SKIN GRAFT &/OR DEBRIDEMENT EXCEPT FOR SKIN ULCER OR CELLULITIS WITH COMPLICATIONS, COMORBIDITIES
266	SKIN GRAFT &/OR DEBRIDEMENT EXCEPT FOR SKIN ULCER OR CELLULITIS WITHOUT COMPLICATIONS, COMORBIDITIES
267	PERIANAL & PILONIDAL PROCEDURES
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES
269	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
270	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
271	SKIN ULCERS
272	MAJOR SKIN DISORDERS WITH COMPLICATIONS, COMORBIDITIES
273	MAJOR SKIN DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
274	MALIGNANT BREAST DISORDERS WITH COMPLICATIONS, COMORBIDITIES
275	MALIGNANT BREAST DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES

Diagnosis Related Group (DRG)

276 NON-MALIGNANT BREAST DISORDERS
277 CELLULITIS AGE >17 WITH COMPLICATIONS, COMORBIDITIES
278 CELLULITIS AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
279 CELLULITIS AGE 0-17
280 TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE >17 WITH
COMPLICATIONS, COMORBIDITIES
281 TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE >17 WITHOUT
COMPLICATIONS, COMORBIDITIES
282 TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE 0-17
283 MINOR SKIN DISORDERS WITH COMPLICATIONS, COMORBIDITIES
284 MINOR SKIN DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
285 AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITION & METABOLIC DISORDERS
286 ADRENAL & PITUITARY PROCEDURES
287 SKIN GRAFTS & WOUND DEBRIDEMENT FOR ENDOCRINE, NUTRITION & METABOLIC
DISORDERS
288 OPERATING ROOM PROCEDURES FOR OBESITY
289 PARATHYROID PROCEDURES
290 THYROID PROCEDURES
291 THYROIDECTOMY PROCEDURES
292 OTHER ENDOCRINE, NUTRITION & METABOLIC OPERATING ROOM PROCEDURES WITH
COMPLICATIONS, COMORBIDITIES
293 OTHER ENDOCRINE, NUTRITION & METABOLIC OPERATING ROOM PROCEDURES WITHOUT
COMPLICATIONS, COMORBIDITIES
294 DIABETES AGE >35
295 DIABETES AGE 0-35
296 NUTRITIONAL & MISCELLANEOUS METABOLIC DISORDERS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
297 NUTRITIONAL & MISCELLANEOUS METABOLIC DISORDERS AGE >17 WITHOUT
COMPLICATIONS, COMORBIDITIES
298 NUTRITIONAL & MISCELLANEOUS METABOLIC DISORDERS AGE 0-17
299 INBORN ERRORS OF METABOLISM
300 ENDOCRINE DISORDERS WITH COMPLICATIONS, COMORBIDITIES
301 ENDOCRINE DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
302 KIDNEY TRANSPLANT
303 KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM
304 KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NON-NEOPLASM WITH
COMPLICATIONS, COMORBIDITIES
305 KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NON-NEOPLASM
WITHOUT COMPLICATIONS, COMORBIDITIES
306 PROSTATECTOMY WITH COMPLICATIONS, COMORBIDITIES
307 PROSTATECTOMY WITHOUT COMPLICATIONS, COMORBIDITIES
308 MINOR BLADDER PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
309 MINOR BLADDER PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
310 TRANSURETHRAL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
311 TRANSURETHRAL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
312 URETHRAL PROCEDURES, AGE > 17 WITH COMPLICATIONS, COMORBIDITIES
313 URETHRAL PROCEDURES, AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
314 URETHRAL PROCEDURES, AGE 0-17
315 OTHER KIDNEY & URINARY TRACT OPERATING ROOM PROCEDURES
316 RENAL FAILURE
317 ADMIT FOR RENAL DIALYSIS
318 KIDNEY & URINARY TRACT NEOPLASMS WITH COMPLICATIONS, COMORBIDITIES
319 KIDNEY & URINARY TRACT NEOPLASMS WITHOUT COMPLICATIONS, COMORBIDITIES
320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 WITH COMPLICATIONS, COMORBIDITIES
321 KIDNEY & URINARY TRACT INFECTIONS AGE >17 WITHOUT COMPLICATIONS,

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	COMORBIDITIES
322	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17
323	URINARY STONES WITH COMPLICATIONS, COMORBIDITIES, &/OR EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY
324	URINARY STONES WITHOUT COMPLICATIONS, COMORBIDITIES
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 WITH COMPLICATIONS, COMORBIDITIES
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17
328	URETHRAL STRICTURE AGE >17 WITH COMPLICATIONS, COMORBIDITIES
329	URETHRAL STRICTURE AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
330	URETHRAL STRICTURE AGE 0-17
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 WITH COMPLICATIONS, COMORBIDITIES
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
333	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17
334	MAJOR MALE PELVIC PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
335	MAJOR MALE PELVIC PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
336	TRANSURETHRAL PROSTATECTOMY WITH COMPLICATIONS, COMORBIDITIES
337	TRANSURETHRAL PROSTATECTOMY WITHOUT COMPLICATIONS, COMORBIDITIES
338	TESTES PROCEDURES, FOR MALIGNANCY
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17
340	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17
341	PENIS PROCEDURES
342	CIRCUMCISION AGE >17
343	CIRCUMCISION AGE 0-17
344	OTHER MALE REPRODUCTIVE SYSTEM OPERATING ROOM PROCEDURES FOR MALIGNANCY
345	OTHER MALE REPRODUCTIVE SYSTEM OPERATING ROOM PROCEDURES EXCEPT FOR MALIGNANCY
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, WITH COMPLICATIONS, COMORBIDITIES
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, WITHOUT COMPLICATIONS, COMORBIDITIES
348	BENIGN PROSTATIC HYPERTROPHY WITH COMPLICATIONS, COMORBIDITIES
349	BENIGN PROSTATIC HYPERTROPHY WITHOUT COMPLICATIONS, COMORBIDITIES
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM
351	STERILIZATION, MALE
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY
354	UTERINE, ADNEXA PROCEDURES FOR NON-OVARIAN/ADNEXAL MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES
355	UTERINE, ADNEXA PROCEDURES FOR NON-OVARIAN/ADNEXAL MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
357	UTERINE & ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY
358	UTERINE & ADNEXA PROCEDURE FOR NON-MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES
359	UTERINE & ADNEXA PROCEDURE FOR NON-MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES
360	VAGINA, CERVIX & VULVA PROCEDURES
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
362	ENDOSCOPIC TUBAL INTERRUPTION
363	DILATION & CURETTAGE, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY
364	DILATION & CURETTAGE, CONIZATION EXCEPT FOR MALIGNANCY
365	OTHER FEMALE REPRODUCTIVE SYSTEM OPERATING ROOM PROCEDURES

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366 MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH COMPLICATIONS, COMORBIDITIES
367 MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITHOUT COMPLICATIONS, COMORBIDITIES
368 INFECTIONS, FEMALE REPRODUCTIVE SYSTEM
369 MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS
370 CESAREAN SECTION WITH COMPLICATIONS, COMORBIDITIES
371 CESAREAN SECTION WITHOUT COMPLICATIONS, COMORBIDITIES
372 VAGINAL DELIVERY WITH COMPLICATING DIAGNOSES
373 VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSES
374 VAGINAL DELIVERY WITH STERILIZATION &/OR DILATION & CURETTAGE
375 VAGINAL DELIVERY WITH OPERATING ROOM PROCEDURE EXCEPT STERILIZATION &/OR
DILATION & CURETTAGE
376 POSTPARTUM & POST ABORTION DIAGNOSES WITHOUT OPERATING ROOM PROCEDURE
377 POSTPARTUM & POST ABORTION DIAGNOSES WITH OPERATING ROOM PROCEDURE
378 ECTOPIC PREGNANCY
379 THREATENED ABORTION
380 ABORTION WITHOUT DILATION & CURETTAGE
381 ABORTION WITH DILATION & CURETTAGE, ASPIRATION CURETTAGE OR HYSTEROTOMY
382 FALSE LABOR
383 OTHER ANTEPARTUM DIAGNOSES WITH MEDICAL COMPLICATIONS
384 OTHER ANTEPARTUM DIAGNOSES WITHOUT MEDICAL COMPLICATIONS
385 NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
386 EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE
387 PREMATURITY WITH MAJOR PROBLEMS
388 PREMATURITY WITHOUT MAJOR PROBLEMS
389 FULL TERM NEONATE WITH MAJOR PROBLEMS
390 NEONATE WITH OTHER SIGNIFICANT PROBLEMS
391 NORMAL NEWBORN
392 SPLENECTOMY AGE >17
393 SPLENECTOMY AGE 0-17
394 OTHER OPERATING ROOM PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS
395 RED BLOOD CELL DISORDERS AGE >17
396 RED BLOOD CELL DISORDERS AGE 0-17
397 COAGULATION DISORDERS
398 RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITH COMPLICATIONS, COMORBIDITIES
399 RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITHOUT COMPLICATIONS,
COMORBIDITIES
400* LYMPHOMA & LEUKEMIA WITH MAJOR OPERATING ROOM PROCEDURE (prior to 10-1-03;
no DRG 400 beginning 10-1-03 when DRGs 539-540 were added)
401 LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER OPERATING ROOM PROCEDURES WITH
COMPLICATIONS, COMORBIDITIES
402 LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER OPERATING ROOM PROCEDURES WITHOUT
COMPLICATIONS, COMORBIDITIES
403 LYMPHOMA & NON-ACUTE LEUKEMIA WITH COMPLICATIONS, COMORBIDITIES
404 LYMPHOMA & NON-ACUTE LEUKEMIA WITHOUT COMPLICATIONS, COMORBIDITIES
405 ACUTE LEUKEMIA WITHOUT MAJOR OPERATING ROOM PROCEDURE AGE 0-17
406 MYELOPROLIFERATIVE DISORDER OR POORLY DIFFUSED NEOPLASMS WITH MAJOR
OPERATING ROOM PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
407 MYELOPROLIFERATIVE DISORDER OR POORLY DIFFUSED NEOPLASMS WITH MAJOR
OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
408 MYELOPROLIFERATIVE DISORDER OR POORLY DIFFUSED NEOPLASMS WITH OTHER
OPERATING ROOM PROCEDURES
409 RADIO THERAPY
410 CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS
411 HISTORY OF MALIGNANCY WITHOUT ENDOSCOPY
412 HISTORY OF MALIGNANCY WITH ENDOSCOPY

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413 OTHER MYELOPROLIFERATIVE DISEASES OR POORLY DIFFUSED NEOPLASM DIAGNOSES
WITH COMPLICATIONS, COMORBIDITIES

414 OTHER MYELOPROLIFERATIVE DISEASES OR POORLY DIFFUSED NEOPLASM DIAGNOSES
WITHOUT COMPLICATIONS, COMORBIDITIES

415* OPERATING ROOM PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES (prior to 10-
1-06)

416* SEPTICEMIA AGE >17 (prior to 10-1-06)

417 SEPTICEMIA AGE 0-17

418 POSTOPERATIVE & POST-TRAUMATIC INFECTIONS

419 FEVER OF UNKNOWN ORIGIN AGE >17 WITH COMPLICATIONS, COMORBIDITIES

420 FEVER OF UNKNOWN ORIGIN AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES

421 VIRAL ILLNESS AGE >17

422 VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17

423 OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES

424 OPERATING ROOM PROCEDURE WITH PRINCIPAL DIAGNOSES OF MENTAL ILLNESS

425* ACUTE ADJUSTMENT REACTIONS & DISTURBANCES OF PSYCHOSOCIAL DYSFUNCTION
(prior to 10/01/99)

425* ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION (beginning 10/01/99)

426 DEPRESSIVE NEUROSES

427 NEUROSES EXCEPT DEPRESSIVE

428 DISORDERS OF PERSONALITY & IMPULSE CONTROL

429 ORGANIC DISTURBANCES & MENTAL RETARDATION

430 PSYCHOSES

431 CHILDHOOD MENTAL DISORDERS

432 OTHER MENTAL DISORDER DIAGNOSES

433 ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE

434* ALCOHOL/DRUG ABUSE OR DEPENDENCE, DETOXIFICATION OR OTHER SYMPTOM TREATMENT
WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-01; no DRG 434 beginning
10-1-01 when DRGs 521-523 were added)

435* ALCOHOL/DRUG ABUSE OR DEPENDENCE, DETOXIFICATION OR OTHER SYMPTOM TREATMENT
WITHOUT COMPLICATIONS, COMORBIDITIES (prior to 10-1-01; no DRG 435
beginning 10-1-01 when DRGs 521-523 were added)

436* ALCOHOL/DRUG DEPENDENCE WITH REHABILITATION THERAPY (prior to 10-1-01; no
DRG 436 beginning 10-1-01 when DRGs 521-523 were added)

437* ALCOHOL/DRUG DEPENDENCE, COMBINED REHABILITATION & DETOXIFICATION THERAPY
(prior to 10-1-01; no DRG 437 beginning 10-1-01 when DRGs 521-523 were
added)

439 SKIN GRAFTS FOR INJURIES

440 WOUND DEBRIDEMENTS FOR INJURIES

441 HAND PROCEDURES FOR INJURIES

442 OTHER OPERATING ROOM PROCEDURES FOR INJURIES WITH COMPLICATIONS,
COMORBIDITIES

443 OTHER OPERATING ROOM PROCEDURES FOR INJURIES WITHOUT COMPLICATIONS,
COMORBIDITIES

444 TRAUMATIC INJURY AGE >17 WITH COMPLICATIONS, COMORBIDITIES

445 TRAUMATIC INJURY AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES

446 TRAUMATIC INJURY AGE 0-17

447 ALLERGIC REACTIONS AGE >17

448 ALLERGIC REACTIONS AGE 0-17

449 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES

450 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES

451 POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17

452 COMPLICATIONS OF TREATMENT WITH COMPLICATIONS, COMORBIDITIES

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453 COMPLICATIONS OF TREATMENT WITHOUT COMPLICATIONS, COMORBIDITIES
454 OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES WITH COMPLICATIONS,
COMORBIDITIES
455 OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES WITHOUT COMPLICATIONS,
COMORBIDITIES
456* BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY (prior to 10-1-98; no
DRG 456 beginning 10-1-98 when DRGs 504-511 were added)
457* EXTENSIVE BURNS WITHOUT OPERATING ROOM PROCEDURE (prior to 10-1-98; no
DRG 457 beginning 10-1-98 when DRGs 504-511 were added)
458* NON-EXTENSIVE BURNS WITH SKIN GRAFT (prior to 10-1-98; no
DRG 458 beginning 10-1-98 when DRGs 504-511 were added)
459* NON-EXTENSIVE BURNS WITH WOUND DEBRIDEMENT OR OTHER OPERATING ROOM
PROCEDURE (prior to 10-1-98; no DRG 459 beginning 10-1-98 when DRGs 504-
511 were added)
460* NON-EXTENSIVE BURNS WITHOUT OPERATING ROOM PROCEDURE (prior to 10-1-98; no
DRG 460 beginning 10-1-98 when DRGs 504-511 were added)
461 OPERATING ROOM PROCEDURE WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH
SERVICES
462 REHABILITATION
463 SIGNS & SYMPTOMS WITH COMPLICATIONS, COMORBIDITIES
464 SIGNS & SYMPTOMS WITHOUT COMPLICATIONS, COMORBIDITIES
465 AFTERCARE WITH HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS
466 AFTERCARE WITHOUT HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS
467 OTHER FACTORS INFLUENCING HEALTH STATUS
468 EXTENSIVE OPERATING ROOM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
469 PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS
470 UNGROUPABLE
471 BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER EXTREMITY
472* EXTENSIVE BURNS WITH OPERATING ROOM PROCEDURE (prior to 10-1-98; no DRG
472 beginning 10-1-05 when DRG 553 was added)
473 ACUTE LEUKEMIA WITHOUT MAJOR OPERATING ROOM PROCEDURE AGE >17
475 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT
476 PROSTATIC OPERATING ROOM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
477 NON-EXTENSIVE OPERATING ROOM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
478* OTHER VASCULAR PROCEDURES WITH COMPLICATIONS, COMORBIDITIES (prior to 10-
1-05; no DRG 478 beginning 10-1-05 when DRGs 553-554 were added)
479 OTHER VASCULAR PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
480* LIVER TRANSPLANT (prior to 10-1-04)
480* LIVER TRANSPLANT AND/OR INTENSTINAL TRANSPLANT (beginning 10-1-04)
481 BONE MARROW TRANSPLANT
482 TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES
483* TRACHEOSTOMY EXCEPT FOR FACE, MOUTH, & NECK DIAGNOSES (prior to 10-1-02)
483* TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS
EXCEPT FACE, MOUTH, & NECK (beginning 10-1-02, used to 10-1-04)
483* TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS
EXCEPT FACE, MOUTH, AND NECK DIAGNOSES (prior to 10-1-04; no DRG 483
beginning 10-1-04 when DRGs 541-542 were added)
484 CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
485 LIMB REATTACHMENT, HIP AND FEMUR PROCEDURE FOR MULTIPLE SIGNIFICANT TRAUMA
486 OTHER OPERATING ROOM PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA
487 OTHER MULTIPLE SIGNIFICANT TRAUMA
488 HIV WITH EXTENSIVE OPERATING ROOM PROCEDURE
489 HIV WITH MAJOR RELATED CONDITION
490 HIV WITH OR WITHOUT OTHER RELATED CONDITION
491 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY

Diagnosis Related Group (DRG)

- 492* CHEMOTHERAPY W/ ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS (prior to 10-1-03)
- 492* CHEMOTHERAPY W/ ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS OR WITH USE OF HIGH-DOSE CHEMOTHERAPY AGENT (beginning 10-1-03)
- 493 LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORATION WITH COMPLICATIONS, COMORBIDITIES
- 494 LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORATION WITHOUT COMPLICATIONS, COMORBIDITIES
- 495 LUNG TRANSPLANT
- 496* COMBINED ANTERIOR/POSTERIOR SPINAL FUSION (added 10-1-97)
- 497* SPINAL FUSION WITH COMPLICATIONS AND COMORBIDITIES (between 10-1-97 and 10-1-01)
- 497* SPINAL FUSION EXCEPT CERVICAL WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 498* SPINAL FUSION WITHOUT COMPLICATIONS AND COMORBIDITIES (between 10-1-97 and 10-1-01)
- 498* SPINAL FUSION EXCEPT CERVICAL WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 499* BACK & NECK PROCEDURES EXCEPT SPINAL FUSION WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-97)
- 500* BACK & NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-97)
- 501* KNEE PROCEDURES W PDX OF INFECTION WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-97)
- 502* KNEE PROCEDURES W PDX OF INFECTION WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-97)
- 503* KNEE PROCEDURES WITHOUT PDX OF INFECTION (added 10-1-97)
- 504* EXTENSIVE 3rd DEGREE BURNS WITH SKIN GRAFT (added 10-1-98, used to 10-1-04)
- 504* EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECHANICAL VENTILATION 96+ HOURS WITH SKIN GRAFT (beginning 10-1-04)
- 505* EXTENSIVE BURNS OR FULL THICKNESS BURNS WITHOUT SKIN GRAFT (added 10-1-98, used to 10-1-04)
- 505* EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECHANICAL VENTILATION 96+ HOURS WITHOUT SKIN GRAFT (beginning 10-1-04)
- 506* FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITH CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 507* FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITHOUT CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 508* FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHALATION INJURY WITH CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 509* FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHALATION INJURY WITHOUT CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 510* NON-EXTENSIVE BURNS WITH CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 511* NON-EXTENSIVE BURNS WITHOUT CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 512* SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT (added 10-1-01)
- 513* PANCREAS TRANSPLANTS (added 10-1-01)
- 514* CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION (added 10-1-01; no DRG 514 beginning 10-1-03 when replaced by DRG 535-DRG 536)
- 515* CARDIAC DEFIBRILLATOR IMPLANT WITHOUT CARDIAC CATHETERIZATION (added 10-1-01)
- 516* PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH ACUTE MYOCARDIAL INFARCTION (added 10-1-01; no DRG 516 beginning 10-1-05 when DRG 555 was added)
- 517* PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT ACUTE MYOCARDIAL INFARCTION, WITH CORONARY ARTERY STENT IMPLANT (added 10-1-01; no DRG 517 beginning 10-1-05 when DRG 556 was added)
- 518* PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT ACUTE MYOCARDIAL INFARCTION,

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- WITHOUT CORONARY ARTERY STENT IMPLANT (added 10-1-01)
- 519* CERVICAL SPINAL FUSION WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 520* CERVICAL SPINAL FUSION WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 521* ALCOHOL/DRUG ABUSE OR DEPENDENCE WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 522* ALCOHOL/DRUG ABUSE OR DEPENDENCE WITH REHABILITATION THERAPY WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 523* ALCOHOL/DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 524* TRANSIENT ISCHEMIA (added 10-1-02)
- 525* HEART ASSIST SYSTEM IMPLANT (added 10-1-02, used to 10-1-04)
- 525* OTHER HEART ASSIST SYSTEM IMPLANT (beginning 10-1-04)
- 526* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRUG-ELUDING STENT WITH ACUTE MYOCARDIAL INFARCTION (added 04-1-03; no DRG 526 beginning 10-1-05 when DRG 557 was added)
- 527* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRUG-ELUDING STENT WITHOUT ACUTE MYOCARDIAL INFARCTION (added 04-1-03; no DRG 527 beginning 10-1-05 when DRG 558 was added)
- 528* INTRA CRANIAL VASCULAR PROCEDURE WITH PRINCIPAL DIAGNOSIS OF HEMORRHAGE (added 10-1-03)
- 529* VENTRICULAR SHUNT PROCEDURES WITH CC (added 10-1-03)
- 530* VENTRICULAR SHUNT PROCEDURES WITHOUT CC (added 10-1-03)
- 531* SPINAL PROCEDURES WITH CC (added 10-1-03)
- 532* SPINAL PROCEDURES WITHOUT CC (added 10-1-03)
- 533* EXTRACRANIAL VASCULAR PROCEDURES WITH CC (added 10-1-03)
- 534* EXTRACRANIAL VASCULAR PROCEDURES WITHOUT CC (added 10-1-03)
- 535* CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITH ACUTE MYOCARDIAL INFARCTION (AMI), HEART FAILURE OR SHOCK (added 10-1-03)
- 536* CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITHOUT ACUTE MYOCARDIAL INFARCTION (AMI), HEART FAILURE OR SHOCK (added 10-1-03)
- 537* LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH CC (added 10-1-03)
- 538* LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITHOUT CC (added 10-1-03)
- 539* LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH CC (added 10-1-03)
- 540* LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITHOUT CC (added 10-1-03)
- 541* ECMO OR TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSES EXCEPT FACE, MOUTH AND NECK DIAGNOSES WITH MAJOR OPERATING ROOM PROCEDURE (added 10-1-04)
- 542* TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS EXCEPT FACE, MOUTH AND NECK DIAGNOSES WITHOUT MAJOR OPERATING ROOM PROCEDURE (added 10-1-04)
- 543* CRANIOTOMY WITH IMPLANT OF CHEMO AGENT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS (after 10-1-04)
- 543* CRANIOTOMY WITH MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS (added 10-1-04 until 10-1-06)
- 544* MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY (added 10-1-05)
- 545* REVISION OF HIP OR KNEE REPLACEMENT (added 10-1-05)
- 546* SPINAL FUSIONS EXCEPT CERVICAL WITH CURVATURE OF THE SPINE OR MALIGNANCY (added 10-1-05)
- 547* CORONARY BYPASS WITH CARDIAC CATHETERIZATION WITH MCV DIAGNOSIS (added 10-1-05)
- 548* CORONARY BYPASS WITH CARDIAC CATHETERIZATION WITHOUT MCV DIAGNOSIS (added 10-1-05)

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- 549* CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITH MCV DIAGNOSIS (added 10-1-05)
- 550* CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITHOUT MCV DIAGNOSIS (added 10-1-05)
- 551* PERMANENT CARDIAC PACEMAKER IMPLANT WITH MCV DIAGNOSIS OR AICD LEAD OR GENERATOR (added 10-1-05)
- 552* OTHER PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT MCV DIAGNOSIS (added 10-1-05)
- 553* OTHER VASCULAR PROCEDURES WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-05)
- 554* OTHER VASCULAR PROCEDURES WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-05)
- 555* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH MCV DIAGNOSIS (added 10-1-05)
- 556* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH NON DRUG-ELUTING STENT WITHOUT MCV DIAGNOSIS (added 10-1-05)
- 557* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH NON DRUG-ELUTING STENT WITH MCV DIAGNOSIS (added 10-1-05)
- 558* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH NON DRUG-ELUTING STENT WITHOUT MCV DIAGNOSIS (added 10-1-05)
- 559* ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT (added 10-1-05)
- 560* BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM (added 10-1-06)
- 561* NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS (added 10-1-06)
- 562* SEIZURE AGE >17 W COMPLICATIONS & COMORBIDITIES (added 10-1-06)
- 563* SEIZURE AGE >17 WITHOUT COMPLICATIONS & COMORBIDITIES (added 10-1-06)
- 564* HEADACHES >17 (added 10-1-06)
- 565* RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HRS (added 10-1-06)
- 566* RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <96 HRS (added 10-1-06)
- 567* STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC W MAJOR GI DX (added 10-1-06)
- 568* STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC W/O MAJOR GI DX (added 10-1-06)
- 569* MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W MAJOR GI DX (added 10-1-06)
- 570* MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W/O MAJOR GI DX (added 10-1-06)
- 571* MAJOR ESOPHAGEAL DISORDERS (added 10-1-06)
- 572* MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS (added 10-1-06)
- 573* MAJOR BLADDER PROCEDURES (added 10-1-06)
- 574* MAJOR HEMATOLOGIC/IMMUNOLOGIC DX EXCEP SCYLE CELL CRISIS & COAG (added 10-1-06)
- 575* SEPTICEMIA W MECHANICAL VENTILATOR 96+ HOURS AGE >17 (added 10-1-06)
- 576* SEPTICEMIA W MECHANICAL VENTILATOR W/O 96+ HOURS AGE >17 (added 10-1-06)
- 577* CAROTID ARTERY STENT PROCEDURE (added 10-1-06)
- 578* INFECTIOUS & PARASITIC DISEASES W OR PROCEDURE (added 10-1-06)
- 579* POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W OR PROCEDURE (added 10-1-06)

*Change made in DRG classification. Hospitals provided the Office of Health Care Statistics (OHCS) with ICD-9-CM codes, rather than DRGs, so there was no need for the hospitals to be aware of DRG changes. The DRG was assigned by OHCS using 3M software (reference given on page 3) which classified the hospital discharge into a DRG based on the ICD-9-CM codes and other data such as age. OHCS accounted for DRG changes by using the DRG definitions which applied to the date of hospital discharge.

Major Diagnosis Category (MDC) *

- 0 = Ungroupable
- 1 = Nervous System
- 2 = Eye
- 3 = Ear, Nose, Mouth & Throat
- 4 = Respiratory System
- 5 = Circulatory System
- 6 = Digestive System
- 7 = Hepatobiliary System & Pancreas
- 8 = Musculoskeletal System & Connective Tissue
- 9 = Skin, Subcutaneous Tissue & Breast
- 10 = Endocrine, Nutritional & Metabolic System
- 11 = Kidney & Urinary Tract
- 12 = Male Reproductive System
- 13 = Female Reproductive System
- 14 = Pregnancy, Childbirth & the Puerperium
- 15 = Newborn & Other Neonates (Perinatal Period)
- 16 = Blood and Blood-Forming Disorders
- 17 = Myeloproliferative DDs (Diff Neoplasms)
- 18 = Infectious and Parasitic DDs
- 19 = Mental Diseases and Disorders
- 20 = Alcohol/Drug Use or Induced Mental Disorders
- 21 = Injuries, Poisoning and Toxic Effect of Drugs
- 22 = Burns
- 23 = Factors Influencing Health Status
- 24 = Multiple Significant Trauma
- 25 = Human Immunodeficiency Virus Infection

*Patients having heart, liver, lung, simultaneous pancreas/kidney, pancreas, or bone marrow transplants, or tracheostomies, traditionally categorized as PRE MDC (0), are assigned by the DRG Grouper into the following DRGs independent of the MDC of the principal diagnosis: 476, 477, 480-483, 495, 512, 513. DRGs (468,469,470) associated with all MDCs are assigned independent of the MDC of the principal diagnosis if the diagnosis is valid. Otherwise, this is the traditional Health Care Financing Administration (HCFA) MDC.

Total Charge (see charge note below)

Total dollars and cents amount charged for the discharge
(with 2 decimal digits).
. = Not reported

Facility Charge (see charge note below)

Sum of total dollars and cents amount charged from NUBC revenue codes 10x-94x for the discharge (with 2 decimal digits).

. = Not reported

Professional Charge (see charge note below)

Sum of total dollars and cents amount charged from NUBC revenue codes 95x-98x for the discharge (with 2 decimal digits).

. = Not reported

CHARGE NOTE: Total Charge is reported by hospitals. Facility and professional charges are calculated from individual revenue charges. Due to various reasons, e.g. adjusting total charges without making corresponding adjustment in specific revenue charge, the sum of facility and professional charges are not necessarily equal to total charges.

Admitting Physician's Specialty

A = Allergy
ABS = Abdominal surgery
ACD = Alcohol, chemical dependency
ADL = Adolescent medicine
ADM = Administrative medicine
AI = Allergy & immunology
AM = Aerospace medicine
AN = Anesthesiology
BLB = Blood bank pathology
CCM = Critical care medicine
CD = Cardiovascular diseases
CDS = Cardiovascular surgery
CHP = Child psychiatry
CLP = Clinical pathology
CMP = Chemical pathology
CNA = Cert. Registered nurse anesthetist
CNM = Certified nurse midwife
CPS/CSW = Clinical psychologist/clinical social worker
CPS = Clinical psychologist
CRS = Colon & rectal surgery
CSW = Clinical social worker
D = Dermatology

Admitting Physician's Specialty

DDS = Dentist
DIA = Diabetes
DLI = Diagnostic lab immunology
DMP = Dermatopathology
DPM = Podiatrist
DO = Doctor of osteopathy
DR = Diagnostic radiology
EM = Emergency
END = Endocrinology
ENT = Otorhinolaryngology
F = Fellow
FNP = Family nurse practitioner
FOP = Forensic pathology
FP = Family practice
FP /P = Family practice/Psychiatry
FP/GS = Family practice/General surgery
FP/DDS = Family practice/Dentist
FPS = Facial plastic surgery
G = General
GE = Gastroenterology
GER = Geriatrics
GO = Gynecology/oncology
GP = General practice
GPM = General preventive medicine
GS = General surgery
GYN = Gynecology
HEM = Hematology
HMO = Hematology/oncology
HEM/OMC = Hematology/oncology
HS = Hand surgery
HNS = Head & neck surgery
HYP = Hypnosis
ID = Infectious diseases
IM = Internal medicine
IMU = Immunology
IP = Immunopathology
LM = Legal medicine
MFM = Maternal/fetal medicine
MFS = Maxillofacial surgery
MM = Medical microbiology
N = Neurology
NBI = Pediatrics
NEO = Neonatology
NEP = Nephrology
NM = Nuclear medicine
NNP = Neonatal nurse prac.

Admitting Physician's Specialty

NP = Neuropathology
NPM = Neonatal/perinatal medicine
NR = Neuroradiology
NS = Neurological surgery
NTR = Nutrition
OBG = Obstetrics & gynecology
OBS = Obstetrics
OM = Occupational medicine
OMS = Oral & maxillofacial surgery
OMC = Oncology
ONS = Oncology surgery
ONC = Oncology
OPH = Ophthalmology
ORS = Orthopedic surgery
OT = Otology
OTO = Otorhinolaryngology
P = Psychiatry
PA = Clinical pharmacology
PAC = Certified physician asst
PAN = Pediatric abuse & neglect
PD = Pediatrics
PDA = Pediatric allergy
PDC = Pediatric cardiology
PDE = Pediatric endocrinology
PDG = Pediatric gastroenterology
PDI = Pediatric immunology
PDN = Pediatric neurology
PD/NEO = Pediatric neonatology
PDP = Pediatric pulmonology
PDR = Pediatric radiology
PDS = Pediatric surgery
PDU = Pediatric urology
PDY = Pediatric respiratory
PER = Perinatology
PEM = Pediatric emergency medicine
PH = Public health
PHO = Pediatric/Hematology/oncology
PM = Physical medicine & rehabilitation
PNP = Pediatric nephrology
POD = Podiatrist
PRO = Proctologist
PS = Plastic surgery
PSF = Facial plastic surgery
PUD = Pulmonary disease
PTH = Pathology
PV = Peripheral Vascular

Admitting Physician's Specialty - continued

PYA = Psychoanalysis
R = Radiology
RD = Respiratory disease
RDT = Radiation Therapy
REN = Reproductive endocrinology
RES = Resident
RES/CSW = Resident/clinic social worker
RET = Retired
RHU = Rheumatology
RIP = Radiosotopic pathology
RSH = Research
RON = Radiation oncology
SH = Student health
SM = Sports medicine
SGO = Surgery, other (list specialty)
SGO/N = Surgery, other (neurology)
SGO/01 = Surgery, other (neurosurgeon)
TR = Therapeutic radiology
TS = Thoracic surgery
U = Urology
US = Urological surgery
VS = Vascular surgery
UNK = Unknown
MD = Encrypted (confidential data)
Blank = Not reported

Attending Physician's Specialty

Descriptions are the same as admitting physician's specialty.

Other Consulting Physician's Specialty

Descriptions are the same as admitting physician's specialty.

Surgeon's Specialty

Descriptions are the same as admitting physician's specialty.

Primary Payer Category

- 01 = Medicare
- 02 = Medicaid
- 03 = Other government
- 04 = Blue Cross/Blue Shield
- 05 = Other commercial
- 06 = Managed care
- 07 = Self pay
- 08 = Industrial and worker's compensation
- 09 = Charity/Unclassified
- 10 = Unknown
- 13 = CHIP(Children's Health Insurance Plan)
- 99 = Not reported

Secondary Payer Category and Tertiary Payer Category

Descriptions are the same as first payer category.

Patient's Relationship to the First Insured Person

(Data may include newer relationship codes that have not been resolved)

- 1 = Patient is the named insured
- 2 = Spouse
- 3 = Natural Child/insured financial responsibility
- 4 = Natural Child/insured does not have financial responsibility
- 5 = Step Child
- 6 = Foster Child
- 7 = Ward of the Court (Patient is ward of the insured as a result of a court order.)
- 8 = Employee (The patient is employed by the named insured)
- 9 = Unknown
- 10 = Handicapped Dependent (Dependent child whose coverage extends beyond normal termination age limits as a result of laws or agreements extending coverage.)
- 11 = Organ Donor (Code is used in cases where bill is submitted for care given to organ donor where such care is paid by the receiving patient's insurance coverage.)
- 12 = Cadaver Donor (Code is used where bill is submitted for procedures performed on cadaver donor where such procedures are paid by the receiving patient's insurance coverage.)

13 = Grandchild
14 = Niece or Nephew
15 = Injured Plaintiff (Patient is claiming insurance as a result of injury covered by insured.)
16 = Sponsored Dependent (Individual not normally covered by insurance coverage but coverage has been specially arranged to include relationships such as grandparent or former spouse that would require further investigation by the payer.)
17 = Minor Dependent of a Minor Dependent (Code is used where patient is a minor and a dependent of another minor who in turn is a dependent, although not a child, of the insured.)
18 = Parent
19 = Grandparent
20 = Life Partner
blank = Not reported

Record ID Number

A unique number for each discharge, which is also unique across all years that inpatient discharge data are available.

Outlier, Facility Charge

0 = No
1 = Yes

NOTE: A charge is an outlier if it is above 2.5 standard deviations from the mean of facility charges. Means and standard deviations are APR-DRG specific and calculated at the state level for a calendar year.

Outlier, Length of Stay

0 = No
1 = Yes

NOTE: A length of stay is an outlier if it is above 2.5 standard deviations from the mean of length of stay. Means and standard deviations are APR-DRG specific and calculated at the state level for a calendar year.

Patient Severity Subclass Value

- 0 = No value assigned (record is ungroupable into a APR-DRG)
- 1 = Minor severity of illness subclass
- 2 = Moderate severity of illness subclass
- 3 = Major severity of illness subclass
- 4 = Extreme severity of illness subclass

Note: Patient severity subclass value should be used as a subcategory of the APR-DRG.

Patient Risk of Mortality Value

- 0 = No value assigned (record is ungroupable into a APR-DRG)
- 1 = Minor risk of mortality
- 2 = Moderate risk of mortality
- 3 = Major risk of mortality
- 4 = Extreme risk of mortality

Note: Patient risk of mortality value should be used as a subcategory of the APR-DRG.

Discharge Quarter

- 1 = First Quarter (January 1 to March 31)
- 2 = Second Quarter (April 1 to June 30)
- 3 = Third Quarter (July 1 to September 30)
- 4 = Fourth Quarter (October 1 to December 31)

E-code

Supplementary classification of External Causes of Injury and Poisoning. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM E-code but has been stripped out of data).

Blank = Not reported

The ICD-9-CM E-codes can be looked up on the internet at Yaki Technologies' website "www.eicd.com/eicdmain.htm".

Secondary E-codes can be found in data file in the Secondary Diagnosis Code fields.

APR-DRG

The original Health Care Financing Administration Diagnosis Related Groups (HCFA-DRG, or just DRG) (page 18) was developed to relate types of patients treated to the resources they consumed (resource intensity). Whereas the HCFA-DRG was developed to classify Medicare beneficiaries, the All Patient Refined Diagnosis Related Groups (APR-DRG) is expanded to be more representative of diverse patient populations, such as pediatric patients. Also, the APR-DRG system provides for subclassifications, such as severity of illness and risk of mortality. The severity of illness subclassification is provided in the data file ('patient severity subclass value' on page 36). [source: *All Patient Refined Diagnosis Related Groups (APR-DRGs) Definition Manual*, version 12.0, Wallingford, CT, 3M Health Care, 1995, p. 1.]

Whereas the HCFA-DRG only changed slightly across the years, there are large differences between versions 12.0 and 15.0 and between versions 15.0 and 20.0 of the APR-DRG. **The difference between versions 20.0 and 24.0 is relatively minor.** Version 15.0 became effective 04/01/98. Version 12.0 became effective on 05/01/95, and it was applied retrospectively to earlier data as well.

Starting with version 24.0 of the APR-DRG, 3M will update the APR-DRG every fiscal year (Changing Oct 1) and the version will correspond with the HCFA-DRG version. Starting with the 2006 data, the version will be determined based on the date of discharge. For the 2005 data through 3rd quarter 2006, version 20.0 of the APR-DRG was used. For the 1999 data through 2004, only version 15.0 of the APR-DRG was used. For 1998 data, both version 12.0 and 15.0 were used (v12.0 for first quarter 1998 and v15.0 for second through fourth quarters 1998). For 1992 through 1997, only version 12.0 was used. Information for mapping version 12.0 to version 15.0 APR-DRG codes is available upon request.

As with the HCFA-DRG, the APR-DRG was assigned by the Office of Health Care Statistics using the 3M software, based on ICD-9-CM codes and other variables, such as age, provided by the hospitals.

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0 (2005 through 3rd Quarter 2006) and 24.0* (4th
Quarter 2006)**

001* Liver transplant (until 10/1/06)
001* Liver transplant and/or intestinal transplant (after 10/1/06)
002 Heart &/or lung transplant
003 Bone marrow transplant
004* Tracheostomy with long term mechanical ventilation w extensive procedure
(until 10/1/06)
004* ECMO or tracheostomy with long term mechanical ventilation w extensive
procedure (after 10/1/06)
005 Tracheostomy with long term mechanical ventilation w/o extensive procedure
006 Pancreas transplant
020 Craniotomy for trauma
021 Craniotomy except for trauma
022 Ventricular shunt procedures
023 Spinal procedures
024 Extracranial vascular procedures
026 Other nervous system and related procedures
040 Spinal disorders & injuries
041 Nervous system malignancy
042 Degenerative nervous system disorders exc mult sclerosis
043 Multiple sclerosis & other demyelinating diseases
044 Intracranial hemorrhage
045 CVA & precerebral occlusion w infarct
046 Nonspecific CVA & precerebral occlusion w/o infarct
047 Transient ischemia
048 Peripheral, cranial & autonomic nerve disorders
049 Bacterial & tuberculous infections of nervous system
050 Non-bacterial infections of nervous system exc viral meningitis
051 Viral meningitis
052 Nontraumatic stupor & coma
053 Seizure
054 Migraine & other headaches
055 Head trauma w coma >1 hr or hemorrhage
056 Brain contusion/laceration & complicated skull fx, coma <1 hr or no coma
057 Concussion, closed skull fx nos, uncomp intracr injury, coma <1 hr or no coma
058 Other disorders of nervous system
070 Orbital procedures
073 Eye procedures except orbit
080 Acute major eye infections
082 Eye disorders except major infections
089 Major cranial/facial bone procedures
090 Major larynx & tracheal procedures
091 Other major head & neck procedures
092 Facial bone procedures except major cranial/facial bone procedures
093 Sinus & mastoid procedures
095 Cleft lip & palate repair
097 Tonsil & adenoid procedures
098 Other ear, nose, mouth & throat procedures

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0 (2005 through 3rd Quarter 2006) and 24.0* (4th
Quarter 2006)**

110 Ear, nose, mouth, throat cranial/facial malignancies
111 Vertigo & other labyrinth disorders
113 Infections of upper respiratory tract
114 Dental & oral disease
115 Other ear, nose, mouth, throat & cranial/facial diagnoses
120 Major respiratory & chest procedures
121 Other respiratory & chest procedures
130 Respiratory system diagnosis w ventilator support 96+ hours
131 Cystic fibrosis - pulmonary disease
132 Bpd & oth chronic respiratory dis arising in perinatal period
133 Pulmonary edema & respiratory failure
134 Pulmonary embolism
135 Major chest & respiratory trauma
136 Respiratory malignancy
137 Major respiratory infections & inflammations
138 Bronchiolitis & rsv pneumonia
139 Other pneumonia
140 Chronic obstructive pulmonary disease
141 Asthma
142 Interstitial lung disease
143 Other respiratory diagnoses except signs, symptoms & minor diagnoses
144 Respiratory system signs, symptoms & other diagnoses
160 Major cardiothoracic repair of heart anomaly
161 Cardiac defibrillator & heart assist implant
162 Cardiac valve procedures w cardiac catheterization
163 Cardiac valve procedures w/o cardiac catheterization
165 Coronary bypass w cardiac cath or percutaneous cardiac procedure
166 Coronary bypass w/o cardiac cath or percutaneous cardiac procedure
167 Other cardiothoracic procedures
169 Major thoracic & abdominal vascular procedures
170 Permanent cardiac pacemaker implant w AMI, heart failure or shock
171 Perm cardiac pacemaker implant w/o AMI, heart failure or shock
173 Other vascular procedures
174 Percutaneous cardiovascular procedures w AMI
175 Percutaneous cardiovascular procedures w/o AMI
176 Cardiac pacemaker & defibrillator device replacement
177 Cardiac pacemaker & defibrillator revision except device replacement
180 Other circulatory system procedures
190 Acute myocardial infarction
191 Cardiac catheterization w circ disord exc ischemic heart disease
192 Cardiac catheterization for ischemic heart disease
193 Acute & subacute endocarditis
194 Heart failure
196 Cardiac arrest
197 Peripheral & other vascular disorders

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0 (2005 through 3rd Quarter 2006) and 24.0* (4th
Quarter 2006)**

198 Angina pectoris & coronary atherosclerosis
199 Hypertension
200 Cardiac structural & valvular disorders
201 Cardiac arrhythmia & conduction disorders
203 Chest pain
204 Syncope & collapse
205 Cardiomyopathy
206 Malfunction, reaction & comp of cardiac/vasc device or proc
207 Other circulatory system diagnoses
220 Major stomach, esophageal & duodenal procedures
221 Major small & large bowel procedures
222 Other stomach, esophageal & duodenal procedures
223 Other small & large bowel procedures
224 Peritoneal adhesiolysis
225 Appendectomy
226 Anal procedures
227 Hernia procedures except inguinal, femoral & umbilical
228 Inguinal, femoral & umbilical hernia procedures
229 Other digestive system & abdominal procedures
240 Digestive malignancy
241 Peptic ulcer & gastritis
242 Major esophageal disorders
243 Other esophageal disorders
244 Diverticulitis & diverticulosis
245 Inflammatory bowel disease
246 Gastrointestinal vascular insufficiency
247 Intestinal obstruction
248 Major gastrointestinal & peritoneal infections
249 Nonbacterial gastroenteritis, nausea & vomiting
251 Abdominal pain
252 Malfunction, reaction & complication of GI device or procedure
253 Other & unspecified gastrointestinal hemorrhage
254 Other digestive system diagnosis
260 Major pancreas, liver & shunt procedures
261 Major biliary tract procedures
262 Cholecystectomy except laparoscopic
263 Laparoscopic cholecystectomy
264 Other hepatobiliary & pancreas procedures
279 Hepatic coma & other major acute liver disorders
280 Alcoholic liver disease
281 Malignancy of hepatobiliary system & pancreas
282 Disorders of pancreas except malignancy

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0 (2005 through 3rd Quarter 2006) and 24.0* (4th
Quarter 2006)**

283 Other disorders of liver
284 Disorders of the gall bladder & biliary tract
301 Hip joint replacement
302 Knee joint replacement
303 Dorsal & lumbar fusion proc for curvature of back
304 Dorsal & lumbar fusion proc except for curvature of back
305 Amputation of lower limb except toes
308 Hip & femur procedures for trauma except joint replacement
309 Hip & femur procedures for nontrauma except joint replacement
310 Intervertebral disc excision & decompression
312 Skin graft except hand, for musculoskeletal & connective tissue diagnosis
313 Knee & lower leg procedures except foot
314 Foot & toe procedures
315 Shoulder, elbow & forearm procedures
316 Hand & wrist procedures
317 Tendon, muscle & other soft tissue procedures
320 Other musculoskeletal system & connective tissue procedures
321 Cervical spinal fusion & other back/neck procedures except disc excision/dec
340 Fracture of femur
341 Fracture of pelvis or dislocation of hip
342 Fracture or dislocation except femur, pelvis & back
343 Musculoskeletal malignancy & pathological fractures d/t muscskel malig
344 Osteomyelitis, septic arthritis & other musculoskeletal infections
346 Connective tissue disorders
347 Other back & neck disorders, fractures & injuries
349 Malfunction, reaction & complications of orthopedic device or procedure
351 Other musculoskeletal system & connective tissue diagnoses
361 Skin graft for skin & subcutaneous tissue diagnoses
362 Mastectomy procedures
363 Breast procedures except mastectomy
364 Other skin, subcutaneous tissue & breast procedures
380 Skin ulcers
381 Major skin disorders
382 Malignant breast disorders
383 Cellulitis & other bacterial skin infections
384 Contusion, open wound & other trauma to skin & subcutaneous tissue
385 Other skin, subcutaneous tissue & breast disorders
401 Pituitary & adrenal procedures
403 Procedures for obesity
404 Thyroid, parathyroid & thyroglossal procedures
405 Other procedures for endocrine, nutrititonal & metabolic disorders
420 Diabetes

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0 (2005 through 3rd Quarter 2006) and 24.0* (4th
Quarter 2006)**

421 Malnutrition, failure to thrive & other nutritional disorders
422 Hypovolemia & electrolyte disorders
423 Inborn errors of metabolism
424 Other endocrine disorders
440 Kidney transplant
441 Major bladder procedures
442 Kidney & urinary tract procedures for malignancy
443 Kidney & urinary tract procedures for nonmalignancy
444 Renal dialysis access device procedure only
445 Other bladder procedures
446 Urethral & transurethral procedures
447 Other kidney, urinary tract & related procedures
460 Renal failure
461 Kidney & urinary tract malignancy
462 Nephritis & nephrosis
463 Kidney & urinary tract infections
465 Urinary stones & acquired upper urinary tract obstruction
466 Malfunction, reactions & comp of genitourinary device or procedure
468 Other kidney & urinary tract diagnoses, signs & symptoms
480 Major male pelvic procedures
481 Penis procedures
482 Transurethral prostatectomy
483 Testes & scrotal procedures
484 Other male reproductive system & related procedures
500 Malignancy, male reproductive system
501 Male reproductive system diagnoses except malignancy
510 Pelvic evisceration, radical hysterectomy & radical vulvectomy
511 Uterine & adnexa procedures for ovarian & adnexal malignancy
512 Uterine & adnexa procedures for non-ovarian & non-adnexal malignancy
513 Uterine & adnexa procedures for non-malignancy except leiomyoma
514 Female reproductive system reconstructive procedures
517 Dilatation & curettage for non-obstetric diagnoses
519 Uterine & adnexa procedures for leiomyoma
530 Female reproductive system malignancy
531 Female reproductive system infections
532 Menstrual & other female reproductive system disorders
540 Cesarean delivery
541 Vaginal delivery w sterilization &/or D&C
542 Vaginal delivery w complicating proc except sterilization &/or D&C
544 D&C, aspiration curettage or hysterotomy for obstetric diagnoses
560 Vaginal delivery
561 Postpartum & post abortion diagnoses w/o procedure

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0 (2005 through 3rd Quarter 2006) and 24.0* (4th
Quarter 2006)**

563 Threatened abortion
564 Abortion w/o D&C, aspiration curettage or hysterotomy
565 False labor
566 Other antepartum diagnoses
580 Neonate, transferred <5 days old, not born here
581 Neonate, transferred <5 days old, born here
583 Neonate, w ecmo
588 Neonate bwt <1500 g with major procedure
589 Neonate bwt <500 g
591 Neonate, birthwt 500,749g w/o major procedure
593 Neonate, birthwt 750g-999g w/o major procedure
602 Neonate, birthwt 1000-1249g w respiratory distress syndrome or major anomaly
603 Neonate, birthwt 1000-1249g w or w/o other significant condition
611 Neonate, birthwt 1500-1999g w major anomaly
612 Neonate, birthwt 1500-1999g w respiratory distress syndrome/oth maj resp cond
613 Neonate, birthwt 1500-1999g w congenital or perinatal infections
614 Neonate, birthwt 1500-1999g w or w/o other significant conditions
621 Neonate, birthwt 2000-2499g w major anomaly
622 Neonate, birthwt 2000-2499g w respiratory distress syndrome
623 Neonate, birthwt 2000-2499g w congenital or perinatal infections
625 Neonate, birthwt 2000-2499g, born here, w other significant condition
626 Neonate, bwt 2000-2499g, born here, normal NB & NB w other prob
630 Neonate, birthwt >2499g w major cardiovascular procedure
631 Neonate, birthwt >2499g w other major procedure
633 Neonate, birthwt >2499g w major anomaly
634 Neonate, birthwt >2499g w respiratory distress syndrome/oth maj resp cond
636 Neonate, birthwt >2499g w congenital/perinatal infections
639 Neonate, birthwt >2499g, born here, w other significant condition
640 Neonate, bwt >2499g, normal NB & NB w other problems
650 Splenectomy
651 Other procedures of blood & blood forming organs
660 Major hematologica/immunologic diagnoses exce sickle cell crisis & coag
661 Coagulation & platelet disorders
662 Sickle cell anemia crisis
663 Other anemia & disorders of blood & blood forming organs
680 Major O.R. procedures for lymphatic/hematopoietic/other neoplasms
681 Other O.R. procedures for lymphatic/hematopoietic/other neoplasms
690 Acute leukemia
691 Lymphoma, myeloma & non-acute leukemia
692 Radiotherapy
693 Chemotherapy
694 Lymphatic & other malignancies & neoplasms of uncertain behavior

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0 (2005 through 3rd Quarter 2006) and 24.0* (4th
Quarter 2006)**

710 Infectious & parasitic diseases including HIV w O.R.procedure
711 Postoperative, post traumatic, other device infections w O.R. procedure
720 Septicemia & disseminated infections
721 Postoperative, post-traumatic infections, other device infections
722 Fever
723 Viral illness
724 Other infectious & parasitic diseases
740 Mental illness diagnosis w O.R. procedure
750 Schizophrenia
751 Major depressive disorders & other/unspecified psychoses
752 Disorders of personality & impulse control
753 Bipolar disorders
754 Depression except major depressive disorders
755 Adjustment disorders & neuroses except depressive diagnoses
756 Acute anxiety & delirium states
757 Organic mental health disturbances
758 Childhood behavioral disorders
759 Eating disorders
760 Other mental health disorders
770 Drug & alcohol abuse or dependence, left against medical advice
771 Alcohol & drug dependence w rehabilitation therapy
773 Opioid abuse & dependence
774 Cocaine abuse & dependence
775 Alcohol abuse & dependence
776 Other drug abuse & dependence
791 O.R. procedures for other complications of treatment
811 Allergic reactions
812 Poisoning & toxic effects of drugs
813 Other complications of treatment
815 Other injury, poisoning & toxic effect diagnoses
816 Toxic effects of non-medical substances
841 Extensive 3rd degree burns w skin graft
842 Full thickness burns w skin graft
843 Extensive 3rd degree burns or full thickness burns w/o skin graft
844 Partial thickness burns w or w/o skin graft
850 Procedure w diagnoses of rehab, aftercare or other contact w health services
860 Rehabilitation
861 Signs, symptoms & other factors influencing health status
862 Other aftercare & convalescence
863 Neonatal aftercare
890 HIV w multiple major HIV related conditions
892 HIV w major HIV related infections

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0 (2005 through 3rd Quarter 2006) and 24.0* (4th
Quarter 2006)**

893 HIV w multiple significant HIV related conditions
894 HIV w one significant HIV condition or w/o significant related condition
910 Craniotomy for multiple sig trauma
911 Extensive abdominal/thoracic procedures for multiple significant trauma
912 Musculoskeletal & other procedures for multiple significant trauma
930 Multiple significant trauma w/o O.R. procedure
950 Extensive procedure unrelated to principal diagnosis
951 Moderately extensive procedure unrelated to principal diagnosis
952 Nonextensive procedure unrelated to principal diagnosis
955 Principal diagnosis invalid as discharge diagnosis
956 Ungroupable

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)**

001 Liver transplant
002 Heart &/or lung transplant
003 Bone marrow transplant
004 Tracheostomy except for face,mouth & neck diagnoses
005 Tracheostomy for face,mouth & neck diagnoses
020 Craniotomy for trauma
021 Craniotomy except for trauma
022 Ventricular shunt procedures
023 Spinal procedures
024 Extracranial vascular procedures
025 Nervous system proc for peripheral nerve disorders
026 Nervous syst proc for cranial nerv & oth nerv sys disord
040 Spinal disorders & injuries
041 Nervous system neoplasms
042 Degenerative nervous system disorders
043 Multiple sclerosis & cerebellar ataxia
044 Intracranial hemorrhage
045 Cva w infarct
046 Nonspecific cva & precerebral occlusion w/o infarct
047 Transient ischemia
048 Cranial & peripheral nerve disorders
049 Bacterial & tuberculous infections of nervous system
050 Non-bacterial infections of nervous system exc viral meningitis
051 Viral meningitis
052 Nontraumatic stupor & coma
053 Seizure
054 Migraine & other headaches
055 Head trauma w coma >1 hr or hemorrhage
056 Skull fracture & spec intracranial injury, coma <1 hr or no coma
057 Concussion,unspec intracranial injury, coma <1 hr or no coma
058 Other disorders of nervous system
070 Orbital procedures
071 Intraocular procedures except lens
072 Extraocular procedures except orbit
073 Lens procedures w or w/o vitrectomy
080 Acute major eye infections
081 Neurological eye disorders
082 Other disorders of the eye
090 Major larynx & tracheal procedures except tracheostomy
091 Other major head & neck procedures
092 Facial bone procedures except major head & neck
093 Sinus & mastoid procedures
094 Mouth procedures

All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)

095 Cleft lip & palate repair
096 Sialoadenectomy & salivary gland procedures
097 Tonsillectomy & adenoidectomy procedures
098 Other ear, nose, mouth & throat procedures
110 Ear, nose, mouth & throat malignancy
111 Dysequilibrium
112 Epistaxis
113 Epiglottitis, otitis media, URI & laryngotracheitis
114 Dental & oral disease
115 Other ear, nose, mouth & throat diagnoses
120 Major respiratory procedures
121 Non-major respiratory procedures
122 Other respiratory system procedures
130 Respiratory system diagnosis w ventilator support 96+ hours
131 Cystic fibrosis
132 Bpd & oth chronic respiratory dis arising in perinatal period
133 Pulmonary edema & respiratory failure
134 Pulmonary embolism
135 Major chest trauma
136 Respiratory malignancy
137 Respiratory infections & inflammations
138 Rsv pneumonia & whooping cough
139 Simple pneumonia
140 Chronic obstructive pulmonary disease
141 Asthma & bronchiolitis
142 Interstitial lung disease
143 Pneumothorax & pleural effusion
144 Respiratory system signs, symptoms & other diagnoses
160 Major cardiothoracic repair of heart anomaly
161 Cardiac defibrillator implant
162 Cardiac valve procedures w cardiac catheterization
163 Cardiac valve procedures w/o cardiac catheterization
164 Coronary bypass w malfunctioning coronary bypass graft
165 Coronary bypass w/o malfunctioning coronary bypass w cardiac cath
166 Coronary bypass w/o malfunctioning coronary bypass w/o cardiac cath
167 Other cardiothoracic procedures
168 Major thoracic vascular procedures
169 Major abdominal vascular procedures
170 Permanent cardiac pacemaker implant w AMI, heart failure or shock
171 Perm cardiac pacemaker implant w/o AMI, heart failure or shock
172 Amputation for circ system disorder except upper limb & toe
173 Other vascular procedures
174 Percutaneous cardiovascular procedures w AMI
175 Percutaneous cardiovascular procedures w/o AMI
176 Cardiac pacemaker & defibrillator device replacement
177 Cardiac pacemaker & defibrillator revision except device replacement
178 Upper limb & toe amputation for circ system disorders
179 Vein ligation & stripping

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)**

180 Other circulatory system procedures
190 Circulatory disorders w AMI
191 Cardiac catheterization w circ disord exc ischemic heart disease
192 Cardiac catheterization for ischemic heart disease
193 Acute & subacute endocarditis
194 Heart failure
195 Deep vein thrombophlebitis
196 Cardiac arrest, unexplained
197 Peripheral & other vascular disorders
198 Atherosclerosis
199 Hypertension
200 Cardiac congenital & valvular disorders
201 Cardiac arrhythmia & conduction disorders
202 Angina pectoris
203 Chest pain
204 Syncope & collapse
205 Cardiomyopathy
206 Malfunction, reaction & comp of cardiac or vasc device or proc
207 Other circulatory system diagnoses
220 Major stomach, esophageal & duodenal procedures
221 Major small & large bowel procedures
222 Minor stomach, esophageal & duodenal procedures
223 Minor small & large bowel procedures
224 Peritoneal adhesiolysis
225 Appendectomy
226 Anal & stomal procedures
227 Hernia procedures except inguinal & femoral
228 Inguinal & femoral hernia procedures
229 Other digestive system procedures
240 Digestive malignancy
241 Peptic ulcer & gastritis
242 Major esophageal disorders
243 Other esophageal disorders
244 Diverticulitis & diverticulosis
245 Inflammatory bowel disease
246 G.I. vascular insufficiency
247 G.I. obstruction
248 Major G.I. bacterial infections
249 Nonbacterial gastroenteritis & abdominal pain
250 Other digestive system diagnoses
260 Pancreas, liver & shunt procedures
261 Major biliary tract procedures
262 Cholecystectomy except laparoscopic
263 Laparoscopic cholecystectomy

All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)

264 Other hepatobiliary & pancreas procedures
280 Cirrhosis & alcoholic hepatitis
281 Malignancy of hepatobiliary system & pancreas
282 Disorders of pancreas except malignancy
283 Disorders of liver except malig, cirrhosis or alcoholic hepatitis
284 Disorders of the biliary tract
300 Bilateral & multiple major joint procs of lower extremity
301 Major joint & limb reattach proc of lower extremity for trauma
302 Major joint & limb reattach proc of lower extreme exc for trauma
303 Dorsal & lumbar fusion proc for curvature of back
304 Dorsal & lumbar fusion proc except for curvature of back
305 Amputation for musculoskeletal system & conn tissue disorders
306 Major joint & limb reattachment procedures of upper extremity
307 Cranial & facial bone reconstructive procedures
308 Hip & femur procedures except major joint for trauma
309 Hip & femur procedures except major joint for nontrauma
310 Back & neck procedures except dorsal & lumbar fusion
311 Skin graft & wnd debrid for open wnd,ms & conn tiss dis,exc hand
312 Skin grft & wnd debrid exc opn wnd,for ms & conn tis dis,exc hand
313 Knee & lower leg procedures except foot
314 Foot procedures
315 Shoulder, elbow & forearm procedures
316 Hand & wrist procedures
317 Soft tissue procedures
318 Removal of internal fixation device
319 Local excision of musculoskeletal system
320 Other musculoskeletal system & connective tissue procedures
340 Fractures of femur
341 Fracture of pelvis or dislocation of hip
342 Fracture or dislocation except femur & pelvis
343 Musculoskeletal & conn tiss malignancy & pathological fractures
344 Osteomyelitis
345 Septic arthritis
346 Connective tissue disorders
347 Medical back problems
348 Other bone diseases
349 Malfunction, reaction & comp of orthopedic device or procedure
350 Musculoskeletal signs,symptoms,sprains & minor inflammatory dis
351 Other musculoskeletal system & connective tissue diagnoses
360 Skin graft & wound debrid for skin ulcer & cellulitis
361 Skin graft & wound debrid exc for skin ulcer & cellulitis
362 Mastectomy procedures
363 Breast procedures except mastectomy

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)**

364 Other skin, subcutaneous tissue & breast procedures
380 Skin ulcers
381 Major skin disorders
382 Malignant breast disorders
383 Cellulitis
384 Trauma to the skin, subcutaneous tissue & breast
385 Other skin & breast disorders
400 Amputat of lower limb for endocrine, nutrit & metabolic disorders
401 Adrenal & pituitary procedures
402 Skin graft & wound debrid for endoc,nutrit & metab disorders
403 Procedures for obesity
404 Thyroid, parathyroid & thyroglossal procedures
405 Other endocrine, nutrititional & metabolic procedures
420 Diabetes
421 Nutritional & misc metabolic disorders
422 Hypovolemia & electrolyte disorders
423 Inborn errors of metabolism
424 Other endocrine disorders
440 Kidney transplant
441 Major bladder procedures
442 Kidney & urinary tract procedures for malignancy
443 Kidney & urinary tract procedures for nonmalignancy
444 Create, revise, remove renal access device
445 Minor bladder procedures
446 Urethral & transurethral procedures
447 Other kidney & urinary tract procedures
460 Renal failure
461 Kidney & urinary tract malignancy
462 Nephritis
463 Kidney & urinary tract infections
464 Urinary stones w esw lithotripsy
465 Urinary stones w/o esw lithotripsy
466 Malfunctions,reactions & comp of gu device,graft or transplant
467 Kidney & urinary tract signs & symptoms
468 Other kidney & urinary tract diagnoses
480 Major male pelvic procedures
481 Penis procedures
482 Transurethral prostatectomy
483 Testes procedures
484 Other male reproductive system procedures
500 Malignancy, male reproductive system
501 Male reproductive system diagnoses except malignancy
510 Pelvic evisceration, radical hysterectomy & radical vulvectomy

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)**

511 Uterine & adnexa procedures for ovarian & adnexal malignancy
512 Uterine & adnexa procedures for non-ovarian & non-adnexal malignancy
513 Uterine & adnexa procedures for carcinoma in situ & nonmalignancy
514 Female reproductive system reconstructive procedures
515 Vagina, cervix & vulva procedures
516 Laparoscopy & tubal interruption
517 D&C & conization
518 Other female reproductive system procedures
530 Female reproductive system malignancy
531 Female reproductive system infections
532 Menstrual & other female reproductive system disorders
540 Cesarean delivery
541 Vaginal delivery with sterilization &/or D&C
542 Vaginal delivery with procedure except sterilization &/or D&C
543 Postpartum & post abortion diagnoses with procedure
544 Abortion with D&C, aspiration curettage or hysterotomy
560 Vaginal delivery
561 Postpartum & post abortion diagnoses without procedure
562 Ectopic pregnancy
563 Threatened abortion
564 Abortion without D&C, aspiration curettage or hysterotomy
565 False labor
566 Other antepartum diagnoses
580 Neonate, transferred <5 days old, not born here
581 Neonate, transferred <5 days old, born here
582 Neonate, with organ transplant
583 Neonate, with ECMO
590 Neonate, birthweight <750g with major procedure
591 Neonate, birthweight <750g without major procedure
592 Neonate, birthweight 750g-999g with major procedure
593 Neonate, birthweight 750g-999g without major procedure
600 Neonate, birthweight 1000-1499g with major procedure
601 Neonate, birthweight 1000-1499g with major anomaly or hereditary condition
602 Neonate, birthweight 1000-1499g with respiratory distress syndrome
603 Other neonate, birthweight 1000-1499g
610 Neonate, birthweight 1500-2000g with major procedure
611 Neonate, birthweight 1500-2000g with major anomaly or hereditary condition
612 Neonate, birthweight 1500-2000g with respiratory distress syndrome
613 Neonate, birthweight 1500-2000g with congenital or perinatal infections
614 Other neonate, birthweight 1500-2000g
620 Neonate, birthweight 2000-2499g with major procedure
621 Neonate, birthweight 2000-2499g with major anomaly or hereditary condition
622 Neonate, birthweight 2000-2499g with respiratory distress syndrome

All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)

623 Neonate, birthwt 2000-2499g w congenital or perinatal infections
624 Neonate,bwt 2000-2499g not born here
625 Neonate, birthwt 2000-2499g, born here, w other signif condtn
626 Neonate, bwt 2000-2499g,born here, normal NB & NB w other prob
630 Neonate, birthwt >2499g w major cardiovasc procedure
631 Neonate, birthwt >2499g w other major procedure
632 Neonate, birthwt >2499g w other procedure
633 Neonate, birthwt >2499g w major anomaly or hereditary condition
634 Neonate, birthwt >2499g w respiratory distress syndrome
635 Neonate, birthwt >2499g w aspiration syndrome
636 Neonate, birthwt >2499g w congenital/perinatal infections
637 Neonate,bwt >2499g not born here, pdx other signif condition
638 Neonate, birthwt >2499g, not born here, pdx other problem
639 Neonate, birthwt >2499g, born here, w other signif condition
640 Neonate,bwt >2499g,born here, normal NB & NB w other prob
650 Splenectomy
651 Other procedures of blood & blood forming organs
660 Agranulocytosis & other neutropenia
661 Coagulation disorders
662 Sickle cell anemia crisis
663 Red blood cell disorders except sickle cell anemia crisis
664 Other disorders of blood & blood forming organs
680 Lymphoma & leukemia w major procedure
681 Lymphoma & leukemia w any other procedure
682 Myeloprolif disorder & poorly diff neopl w major procedure
683 Myeloprolif disorder & poorly diff neopl w any other procedure
690 Acute leukemia
691 Lymphoma & non-acute leukemia
692 Radiotherapy
693 Chemotherapy
694 Other myeloprolif disorders & poorly diff neoplasm diagnosis
710 Procedures for infectious & parasitic diseases
711 Procedures for postoperative & post traumatic infections
720 Septicemia
721 Postoperative & post-traumatic infections
722 Fever of unknown origin
723 Viral illness
724 Other infectious & parasitic diseases
740 Procedure w principal diagnoses of mental illness
750 Schizophrenia
751 Psychoses
752 Disorders of personality & impulse control
753 Bipolar disorders

All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)

754 Depression
755 Neuroses except depressive
756 Acute adjust react & disturbance of psychosocial dysfunction
757 Organic disturbances & mental retardation
758 Childhood mental disorders
759 Compulsive nutrition disorders
760 Other mental disorders
770 Drug & alcohol abuse or dependence, left against medical advice
771 Alcohol & drug dependence w combined rehab & detox therapy
772 Alcohol & drug dependence w rehabilitation therapy
773 Opioid abuse & dependence
774 Cocaine abuse & dependence
775 Alcohol abuse & dependence
776 Other drug abuse & dependence
790 Skin graft & wound debridement for injuries
791 Procedures for complications of treatment
792 Other procedures for injuries
810 Injuries to unspecified or multiple sites
811 Allergic reactions
812 Poisoning & toxic effects of drugs
813 Complications of treatment
814 Child or adult maltreatment syndrome
815 Other injury, poisoning & toxic effect diagnoses
830 Burns, transferred to another acute care facility
831 Extensive burns w procedure
832 Nonextensive burns w skin graft
833 Nonextensive burns w wound debridement & other procedures
840 Burns w/o procedure
850 Procedure w diagnoses of other contact w health services
860 Rehabilitation
861 Signs & symptoms
862 Other factors influencing health status
870 Tracheostomy for hiv infections
871 Hiv w proc w multiple major hiv related infections
872 Hiv w procedure w major hiv related diagnosis
873 Hiv w procedure w/o major hiv related diagnosis
890 Hiv w multiple major hiv related infections
891 Hiv w maj hiv rel diag w mult maj or signif hiv rel diag
892 Hiv w maj hiv rel diag w/o mult maj or signif hiv rel diag
893 Hiv w significant hiv related diagnosis
894 Hiv w/o major or significant hiv related diagnosis
910 Craniotomy, spine, hip & major limb proc for multiple sig trauma
911 Other procedures for multiple significant trauma

All Patient Refined Diagnosis Related Group (APR-DRG)
Version 15.0 (2nd quarter 1998 through 2004)

930 Head, chest & lower limb diagnoses of multiple significant trauma
931 Other diagnoses of multiple significant trauma
950 Extensive procedure unrelated to principal diagnosis
951 Prostatic procedure unrelated to principal diagnosis
952 Nonextensive procedure unrelated to principal diagnosis
955 Principal diagnosis invalid as discharge diagnosis
956 Ungroupable

APPENDIX A

CASE-MIX INDEX

CASE-MIX INDEX

The case-mix indices were derived as follows:

1. Calculate relative weight for each APR-DRG i:

$$W_i = \frac{C_i}{C_s}$$

where

i = APR-DRG i

s = State level

W_i = Relative weight for APR-DRG i

C_i = Average charge for APR-DRG i

C_s = Average charge for all patients

2. Calculate case-mix index for hospital j:

$$I_j = \frac{\sum_{i=1}^{1315} W_i N_{ij}}{N_j}$$

where:

j = Hospital j

I_j = Case-mix index for hospital j

N_{ij} = Number of discharges for APR-DRG i and hospital j

N_j = Total discharges for hospital j

In the calculation of the case-mix index, the following were excluded: outliers and discharges from specialty hospitals (psychiatric and substance abuse hospitals, rehabilitation hospitals, and surgical centers) as well as the VA hospital. That is, the case-mix index was calculated for all acute care hospitals except the VA hospital.

Case-mix Indices are not among the data elements in the public-use data file but are available upon request.

APPENDIX B

APR-DRG RESOURCE

INTENSITY INDEX

APR-DRG RESOURCE INTENSITY INDEX

Hospital- and DRG-specific resource intensity indices were calculated as a measure of the overall complexity of a hospital's patient mix at the DRG level. The indices were calculated as follows:

$$W_{ik} = \frac{C_{ik}}{C_i}$$

$$S_{ij} = \frac{\sum_{k=0}^4 N_{ijk} W_{ik}}{N_{ij}}$$

Where

W_{ik} = Charge-weight for severity level k of consolidated DRG i

C_{ik} = Average charges for consolidated DRG i , severity level k , all hospitals

C_i = Average charges for consolidated DRG i , all hospitals

S_{ij} =Severity index for consolidated DRG i and hospital j

N_{ijk} =Number of discharges for consolidated DRG i , hospital j , and severity level k

N_{ij} = Number of discharges for consolidated DRG i , hospital j

The severity score, k , is assigned by the 3M PC-Grouper software as part of the APR-DRG categorization. The severity score ranges from 1 (no CC or minor CC), to 4 (extreme CC). A consolidated DRG may be the same as a single DRG or a combination of DRGs. For example, DRG 002 (Craniotomy for trauma age >17) and DRG 003 (Craniotomy for trauma age 0-17) are combined into a consolidated DRG 002 (Craniotomy for trauma). The consolidated DRG, broken down into the four severity levels, comprise the APR-DRG.

A hospital APR-DRG resource intensity index of greater than 1 for a DRG means that the hospital had greater proportion of patients that required high resource use than patients that required less. Analyses not shown here reveal that total charges are not necessarily positively correlated with severity score within a DRG (e.g., for some DRGs, patients with severity score "2" had higher average charges than those with severity score "3"), nor is the relationship monotone (e.g., for some DRGs level '2' patients have lower average charges than both level '1' and level '3' patients). Therefore, a high index does not necessarily reflect relatively high proportion of "sicker" patients, only relatively high proportion of "high resource-use" patients. In most cases, both interpretations apply.

For DRGs (newborns and neonates) for which no severity score is assigned ($k=0$), the severity index is equal to 1.

APR-DRG Resource Intensity Indices are not among the data elements in the public-use data file but available upon request.

APPENDIX C

UTAH

HOSPITAL PROFILE

HOSPITAL CHARACTERISTICS: 2006

ID ¹	HOSPITAL NAME	OWN ²	AFFILIATION	TYPE ³	COUNTY	CITY	U/R ⁴	TEACH ⁵	BEDS
111	Allen Memorial Hospital - CAH	G	Rural Hlth Mgmt Corp	Acute	Grand	Moab	R	N	25
118	Alta View Hospital	N	IHC, Inc.	Acute	Salt Lake	Sandy	U	N	80
136	American Fork Hospital	N	IHC, Inc.	Acute	Utah	American Fork	U	N	84
134	Ashley Valley Medical Center	I	LifePoint Hospitals, Inc.	Acute	Uintah	Vernal	R	N	39
104	Bear River Valley Hospital	N	IHC, Inc.	Acute	Box Elder	Tremonton	R	N	14
101	Beaver Valley Hospital	G	Freestanding	Acute	Beaver	Beaver	R	N	49
201	Benchmark Behavioral Hlth Systems	I	Ramsay Hlth Care	SP/Psych	Davis	Woods Cross	U	N	77
207	Benchmark South Regional Hosp (closed) ⁶	I	Ramsay Hlth Care	SP/Psych	Salt Lake	Midvale	U	N	80
103	Brigham City Community Hospital	I	MountainStar Hlthcare	Acute	Box Elder	Brigham City	R	N	49
145	Cache Valley Specialty Hospital	I	National Surg Hospital	SP/Surg	Cache	North Logan	R	N	22
106	Castleview Hospital	I	LifePoint Hospitals, Inc.	Acute	Carbon	Price	R	N	84
113	Central Valley Medical Center - CAH	N	Rural Hlth Mgmt Corp	Acute	Juab	Nephi	R	N	25
202	Charter Summit Hospital (closed) ⁶	I	Charter	SP/Psych	Salt Lake	Salt Lake City	U	N	80
204	Copper Hills Youth Center (Rivendale) ⁶	I	Child. Comp. Serv.	SP/Psych	Salt Lake	West Jordan	U	N	94
119	Cottonwood Hospital	N	IHC, Inc.	Acute	Salt Lake	Murray	U	N	213
108	Davis Hospital and Medical Center	I	Iasis Health Care	Acute	Davis	Layton	U	N	136
116	Delta Community Medical Center - CAH	N	IHC, Inc.	Acute	Millard	Delta	R	N	20
140	Dixie Regional Medical Center	N	IHC, Inc.	Acute	Washington	St. George	R	N	164
115	Fillmore Community Med Ctr – CAH	N	IHC, Inc.	Acute	Millard	Fillmore	R	N	20

ID ¹	HOSPITAL NAME	OWN ²	AFFILIATION	TYPE ³	COUNTY	City	U/R ⁴	TEACH ⁵	BEDS
110	Garfield Memorial Hospital	N	IHC, Inc.	Acute	Garfield	Panguitch	R	N	41
129	Gunnison Valley Hospital - CAH	G	Rural Hlth Mgmt Corp	Acute	Sanpete	Gunnison	R	N	25
306	Healthsouth Rehab. Hospital of Utah ⁷	I	HealthSouth	SP/Rehab	Salt Lake	Sandy	U	Y	63
139	Heber Valley Medical Center ⁶ - CAH	N	IHC, Inc.	Acute	Wasatch	Heber	R	N	19
302	Highland Ridge Hospital	I	Am Intl Hlth Sys	SP/Psych	Salt Lake	Salt Lake City	U	N	41
304	Infinia Medical Center (closed) ⁶	I	Infinia Hlth	SP/Surg	Salt Lake	Salt Lake City	U	Y	12
117	Jordan Valley Hospital	I	Iasis Health Care	Acute	Salt Lake	West Jordan	U	N	92
114	Kane County Hospital	G	Freestanding	Acute	Kane	Kanab	R	N	38
107	Lakeview Hospital	I	MountainStar Hlthcare	Acute	Davis	Bountiful	U	N	128
121	LDS Hospital	N	IHC, Inc.	Acute	Salt Lake	Salt Lake City	U	Y	520
105	Logan Regional Hospital	N	IHC, Inc.	Acute	Cache	Logan	R	N	147
141	McKay-Dee Hospital Center	N	IHC, Inc.	Acute	Weber	Ogden	U	Y	277
102	Milford Valley Memorial Hospital – CAH ⁷	G	Rural Hlth Mgmt Corp	Acute	Beaver	Milford	R	N	25
127	Monument Valley Adventist Hosp (closed) ⁶	N	Seventh Day Adventists	Acute	San Juan	Monument	R	N	20
137	Mountain View Hospital	I	MountainStar Hlthcare	Acute	Utah	Payson	U	N	114
133	Mountain West Medical Center ⁶	G	Comm. Health Syst.	Acute	Tooele	Tooele	R	N	35
142	Ogden Regional Medical Center	I	MountainStar Hlthcare	Acute	Weber	Ogden	U	N	223
135	Orem Community Hospital	N	IHC, Inc.	Acute	Utah	Orem	U	N	20
126	Pioneer Valley Hospital	I	Iasis Health Care	Acute	Salt Lake	West Valley	U	Y	139
122	Primary Children's Medical Center	N	IHC, Inc.	Acute	Salt Lake	Salt Lake City	U	N	235
308	Promise Specialty Hospital of Salt Lake	I	Camelot Health Care	SP/LTCare	Salt Lake	West Valley City	U	N	32
143	Rocky Mountain Medical Center (closed) ⁶	I	Iasis Health Care	Acute	Salt Lake	Salt Lake City	U	N	125
120	Salt Lake Regional Medical Center	I	Iasis Health Care	Acute	Salt Lake	Salt Lake City	U	Y	168

ID ¹	HOSPITAL NAME	OWN ²	AFFILIATION	TYPE ³	COUNTY	CITY	U/R ⁴	TEACH ⁵	BEDS
128	San Juan Hospital – CAH	G	Managed	Acute	San Juan	Monticello	R	N	25
130	Sanpete Valley Hospital – CAH	N	IHC, Inc.	Acute	Sanpete	Mt. Pleasant	R	N	18
132	Sevier Valley Medical Center	N	IHC, Inc.	Acute	Sevier	Richfield	R	N	42
203	Silverado Senior Living ⁶	I	Silverado	SP/Psych	Salt Lake	Salt Lake City	U	N	136
301	South Davis Community Hospital ⁷	G	Freestanding	SP/LTCare	Davis	Bountiful	U	N	39
124	St. Mark's Hospital	I	MountainStar Hlthcare	Acute	Salt Lake	Salt Lake City	U	Y	294
307	The Orthopedic Specialty Hospital (TOSH)	I	Freestanding	SP/Surg	Salt Lake	Salt Lake City	U	N	14
144	Timpanogos Regional Hospital	I	MountainStar Hlthcare	Acute	Utah	Orem	U	N	64
109	Uintah Basin Medical Center	G	Freestanding	Acute	Duchesne	Roosevelt	R	N	42
125	UHC/University of Utah Hospital	G	University HealthCare	Acute	Salt Lake	Salt Lake	U	Y	457
310	UHC/Univ. of UT Huntsman Cancer Hosp	G	University HealthCare	SP/Canc	Salt Lake	Salt Lake	U	Y	See above
309	UHC/Univ. of UT Orthopaedic Ctr	G	University HealthCare	SP/Surg	Salt Lake	Salt Lake	U	Y	See above
206	University of Utah Neuropsychiatric Institute	G	University HealthCare	Acute	Salt Lake	Salt Lake	U	Y	90
209	Utah State Hospital (now exempt)	G	Freestanding	SP/Psych	Utah	Provo	U	N	384
138	Utah Valley Regional Medical Center	N	IHC, Inc.	Acute	Utah	Provo	U	N	395
112	Valley View Medical Center	N	IHC, Inc.	Acute	Iron	Cedar City	R	N	46
801	Veterans Administration Medical Center	G	Freestanding	Acute	Salt Lake	Salt Lake City	U	N	121
205	Wasatch Canyons Hospital (closed) ⁶	N	IHC, Inc.	SP/Psych	Salt Lake	Sale Lake City	U	N	46

CAH = Critical Access Hospital

¹Hospital identification number (unique identifier in data file—see page 10 for hospital list in numerical order).

²Owner: G=Government, I=Investor-Owned, N=Not for Profit.

³Hospital Type: Acute Care (includes CAH), Specialty/Surgical, Specialty/Psychiatric, Specialty/Rehabilitation, Specialty Long-Term Care

⁴Urban or Rural hospital location.

⁵Teaching hospital (yes/no).

⁶Hospitals which have closed but submitted data in previous years:

Benchmark South Regional Hospital (closed – data through 4th quarter 1998)

Bonneville Health & Rehabilitation Center (closed – data through 3rd quarter 1999)

Reopened as Infinia Medical Center (closed -- data through 2nd quarter 2002)

Charter Summit Hospital (closed – data through 3rd quarter 1993)

Copper Hills Youth Center (currently not licensed as a hospital–data through 4th quarter 2001)

Monument Valley Adventist Hospital (closed – data through 4th quarter 1995)

Olympus View Hospital (currently Silverado Senior Living) (closed – data through 2nd quarter 1999)

PHC Regional Hospital (closed – data through 2nd quarter 1997)

Reopened as Rocky Mountain Hospital (closed–data from 2nd quarter 2000 to 2nd quarter 2001)

Tooele Valley Regional Medical Center (currently Mountain West Medical Center) (closed – data through 2001)

Utah State Hospital (now exempt from reporting – data through 4th quarter 1995)

Wasatch Canyons Hospital (closed – data through 3rd quarter 1995)

Wasatch County Hospital (currently Heber Valley Medical Center) (closed – data through 3rd quarter 1999)

⁷Hospitals temporarily not included in 2006 due to processing issues:

Healthsouth Rehab. Hospital of Utah

Milford Valley Memorial Hospital - CAH

South Davis Community Hospital

Note: The hospitals with addresses, phone numbers, and number of beds in the above list can be obtained as a “cut and paste” document from the website: “<http://health.utah.gov/hda/usersupport.htm>” and click on “List of data providers”

Further Hospital Information

Another source for a list of Utah hospitals is the Utah Department of Health website, “<http://health.utah.gov/hflcra/facinfo.php>”. You can access an alphabetical list of hospitals by clicking the “Alphabetical Listing” link and choosing what type of facility you are looking for. You can also find hospitals listed by county by clicking the “Listing by County” link.